PHYSI- d- Exact	PLACE OF DEATH County Q ()	02878 STATE OF MARYLAND CERTIFICATE OF DEATH
T I CORD ated EXACTLY, Openty classified contificate.	Village or City/auntes (No	Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
T I gatated property	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FERMAIN THE MOUID BE SET IT MAY BE DE	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WICKER OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 193/. to 300// 103// that I herearch has alive on 200// 103// 103//
SERVED FOR EINK-THIS IS A Pair supplied. ACE solain terms so that it, see instructions	7 AGE If LESS than 1 day hrs. ds. or min.?	and that death occurred on the data stated above, at m. The CAUSE OF DEATH * was as follows: Creshal Homewaling Taralinguis affice follows:
NG NG in portan	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mayland	Contributory Orlers Selevois de. (Durstion) yrs. mos. de.
MARGIN TH UNFADI Tion should be care CAUSE OF DEATH TION is very impo	10 NAME OF FATHER OLM Adams 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Office State M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PLA Y	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Racent Residents) At place of death
WRITE WRITE GIANS Shou	(Informant) Mary & Digg of daughter (Address) & Giffus Co M. G. Filed Mole 12 181 Capril & Foroflema Ragistrar	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar. 1.3, 1931. 20 UN DERTAKER ADDRESS ADDRESS
ž	If mora bianks are neaded, address State Ragistrar	W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer we or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form loborer, Loborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-Locomotive engineer, The ques-Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Uld Age, Shock, "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be Whooping cough; tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Recommendations on statement of cause of interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

N. B. ..

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PLACE OF DEATH	02879 STATE OF MARYLAND
County Backing	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City / OURON (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Desharah S	Celbau tion, give its NAME is attend of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED (WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Morch 14th, 1931 (Month) 28 (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Mulcuour, 1	TU-284 193/10 Mele 1412 1931
(Month) (Day) (Year)	that I last saw h malive on Moh 134, 1981,
7 AGE If LESS than I day hrs.	The state of the s
yrsmosds. ormin.?	
B OCCUPATION (a) Trade, profession or	Musscordise Insufficience
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) vis. most of de
which employed or (employer)	Durstion Vis. most do.
9 BIRTHPLACE (State or country) Mary lund	arlerio Pelerousion Remelily.
10 NAME OF FATHER	(Signed) Daniel 401. Thro. Junge M. D.
11 BIRTHPLAGE	neh 14h 1931 (Address) / Thom. md
OF FATHER Z (State or country) Mary Rund	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Hames Analy	18 LUNGTH OF RESIDENCE (For liespitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
(State or Country) Many Lund	At place of deathyrsmosds. In theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
m. Dus Ges M. Prade	Former or usual residence
(Informant) 1000 all 10 may	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) our on ma	1 Loueston Med 3-16,131
15 Filed Alterally 193/ Will Sattle	20 UN DERTAKER ADDRESS
Jag Registras	saw Jeplon Hampslead
If more banks are needed, dodre.s State Negistral	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Total mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material specification as (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJU.X State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping. "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory affection need valvular Always qualify all heart not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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WRITE PLACETY, TH UNFADING INK-THIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	statement of OCCUPATION is very important. See instructions on back of Certificate.	0 + 4 u u v u
WRITE PL	y item of in	ement of OCC	14
(N. BEver	state	-

PLACE OF DEATH County Daltinos	02880 STATE OF MARYLAND CERTIFICATE OF DEATH
0	Registration Dist. No. 50
Village or City Catonson (No. Aprenga 2FULL NAME Joreniah a	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Is sex 4 color or race 5 single, married, wildowed wildowed OR Divorced (Write the word)	16 DATE OF DEATH MA 194, 1923 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to Market 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, a 6 m.
70 yrs. 2 mos. 0 ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Corphal Thombas
9 BIRTHPLACE (State or country) Man land	Contributory Central School Secondary (Durstion) yrs 6 mos de
10 NAME OF FATHER Henry alburgh	(Signed) Bot . Com M. D.
OF FATHER (State or country) 12 MAIDEN NAME A 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Emith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs 6 mos 26 ds. In the 70 yrs 2 mos 10 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
(Informant) Mis Rose Housman	usual residence
(Address) 732 Vary see De	Lorrane Cemelry mar 21, 1931
15 Filed Man 19 1981 CX Mattfeldt Registrar	Frank Corper Holland Popel
If more bianke are needed, addrese State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servart, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, whatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospixal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases "Uraemia," "Weakness, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic ," etc., when a definite disease etc. The contributory valvular heart disease; Nomenclature " "Convulsions, Measles ;

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to report specifically the occupations of persons enfulness of various pursuits can he known. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Greeny; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement : if sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer. Physician, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Compositor, stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pindifeer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), pholid fever (never report "Typhoid Pneumonia"), cobar pneumonia, Bronchopneumonia ("Pneumonia").

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V. S. No. 1

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PLACE OF DEATH	02882 STATE OF MARYLAND
County / Haltimores	CERTIFICATE OF DEATH
Village or Cit Mount Wilson (No. Duberculo	Branch Maryland Registration Dist. No. 7
2FULL NAME Olla M. Bauman	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH March 23, 1981. (Month) (Day) (Year)
6 DATE OF BIRTH April 16, 1902 (Month) (Day) (Year	1 March 1931 to March 23 , 1931
/ (Month) (Day) (Year 7 AGE [If LESS th	- 1 25 5
2/ // May_h	rs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	" Pulmonary Puberculosis
(b) General nature of industry business, or establishment in thich employed or (employer)	(Durstion) O yrs. 4 mos (2) ds.
9 BIRTHPLACE (State or country) Baltimore) Mds	Contributory Secondary Duration Dyre Ade de
10 NAME OF J. C. Howard.	(Signed) John Courth M. D.
State or country South Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Chai and Man	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) South Carolina	At place of death O yrs. O mos. 12 ds. In the 26 yrs. 11 mos. 7 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, MRNOWN
(Informant) Slo. J. Faumann	Former or usual residence 525 Freeman St. Baltimore, 1
(Address) 525 Freemanist Balto.	Md eday fill ymstery have to , 193/
Filed 192 Net N 3/ Eb lulls Registrar	Lenge Le Sommat. 201 Buck. Me
If more blanks are needed, address State Regist	rar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enworked on may form part of the second statement. Housemaid, etc. etc., without more precise specification as Day Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (6) If the occupation has been changed Automobile factory. Laborer-Coal mine, etc. Salesman, Locomotive engineer, not gainfully em-The (6) The quesmaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases "Debility" ("Congenital," "Senile," etc.), "Dropsy" ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as cough; Committee on Chronic Example: Measles (disease affection need not be etc. valvular heart disease; Nomenclature of the Always qualify all The contributory "Dropsy, death

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(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Form loborer, Laborer-Cool mine, etc. Wom-(b) Cotton mill; (a) Salesmon. (b) without more precise specification as Doy (b) For persons who have no occupation Automobile foctory. The material not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury approved by Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not Committee on Nomenclature Chronic etc. The contributory valvular heart disease; " "Shock,"

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Ca Marie No.

V. 8, No. 1.

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Village or City Haletop (No. Oregor	Registration Dist. No. 42 St.; Ward) [If death occorred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXI 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 7 3 3 1 , 1981 (Month) (Day) (Year)
7 AGE (Month) (Day) (Year) 7 AGE (Qyrs. 6 mos. 6 ds. OR6 min.?	17 I HEREBY CERTIFY, That I attended deceased from, 191, that I last saw h
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or empleyer)	Course implication (Burstian) Tyrs mos 6s. Contributory Secondary
10 NAME OF FATHER CLO. & Bornett, 11 BIRTHPLACE OF FATHER (State or country) & Mong Co. Nod 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Signe
(Informant) Muz. Ges E. Domes (Address) Hacut Ja - Xid. Filed april 3 1931 Med M. J. eller	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PRESENCE AT TOSABLE ADDRESS 20 UNDERTAKER ADDRESS
If more blanks are needed address State Posistrer 1	Que & Bernett

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used applies to each and every person, irrespective of age. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill, (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to angineer, Stationary fireman, etc. But in ciun, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever Women at home, who are engaged in If retired from many cases, (b) Auto-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crupp"); Typhand fever (never report "Typhoid pneumonia"); Lohar promania. Bronchopneumonia ("Pneumonia"); nonumania.

nephrilis, etc.. The contributory (secondary or intercurges, perdonaeum, etc., Carcanoma, Sarcoma, etc., of Struck surgical operation was undertaken. For violent deates chopneumonia (secondury), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic mender hart disease, thronic interstitial (name origin; "Cancer" SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puerpenal septichaemia," "Puerpenal peritoritis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless "Tumor" for malgrant peoplasms); Measles: Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," MEANS OF INJURY and qualify as ACCIDENTAL, by roilway train-accident; Revolver Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" is less definite; avoid use of "Uraemia," "Weakness," Never "Atrophy," (Recommendations report mere important. wound

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

deaths from

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the whatever, write None. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Civil engineer. Stationary freman, etc. But in many Physician, Compositor, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Doy For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BUREAU

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory". "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury accident; Revolver would of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) Examples: Accidental drowning; Struck by railwoy train use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondar or intercurrent) affection need Whooping (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, Chronic valvular heart disease, etc. The contributory not be

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V. S. No. 1

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporty classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
N.BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proposly classified. Exact statement of OCCUPATION is very important. See instructions on back of certifibate.	

11	62886
PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
m 1500 mt Wilson Br	ranch Maryland Registration Dist. No. 92
Village or City Jount Wilson (No. Tuberculos	Ward) (if death occurred in a hospital or institu-
2FULL NAME Charlotte B. Bric	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH M
Hemales Whites (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HIEREBY CERTIFY, That I attended the deceased from
December 30 1886	Odsher 15th 1930 March 9th , 1931.
(Month) (Day) (Year)	that I last saw h W alive on March 8 , 1921,
7 AGE If LESS than	and that death occurred on the date stated above, at
HH yrs. 2 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Tulmonat with her will and
(a) Trade, profession or Houseurse	1 women will sure vertice
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Purstion) 3 yrs, 5 mos 2 ds.
	Contributory Intestinal Tuberculosis
9 BIRTHPLACE (State or country)	Secondary (Duraton) Qoves 6 mos (2) de
10 NAME OF	Jalan J. H.
FATHER M. W. Mann	(Signed) Motor M. D. M. D. M. D. M. D. M. D.
O OF FATHER	(Address) / W. W. W. W. W.
Z (State or country) OMO	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlotte D. Short	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place () (1 24 In the 22 (2) (2)
(State or Country)	of death wrs. If mos ald de. State dayrs. If most in de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Domin Schull holo	Former or usual residence 2647 M. Galvert St. Ballo Ma
(Informant) TWO SCAULING OF	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)/// Wilson 1000.	I toodlawn Cemeter Mars 11, 1931
15 14 44 9 131 66 le Chals	20 UNDERTAKER ADDRESS
Registrar	Grad I ward Jon 118 H. har Rougal
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	V 0070

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, tion applies to each and every whatever, write None. business, that fact may be indicated thus; Farmer (or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enlaborer, worked on may form part of the second statement. Civil engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many person, irrespective of Locontotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrol spinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably swicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. diseases (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "Inanition, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage cough; " "Marasmus," "Old Age," "Shock," Committee on Nomenclature Chronic etc. valvular heart The contributory Measles; disease; etc., of

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WALLE TO THE OWN ADING THE THE STATE OF THE CORD	/BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI CIANS, should state CAUSE CF DEATH in plain terms so that it may be proporty classified. Exactiatement of OCCUPATION is very important. See instructions on back of certificate.	
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	PLACE OF DEATH County Torrson Balto Co	02887 STATE OF MARYLAND CERTIFICATE OF DEATH
		107-a Registration Dist. No. 31
	Village or City Lowson (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male white Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 3 / 192/ (Mooth) (Day) (Year)
	6 DATE OF BIRTH March 3/., 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from MANUA 23. 1921. to MANUA 31., 1921., that I last saw h Malive on Manual 31., 1921.,
	7 AGE	and that death occurred on the date stated above, at 6.5-5-12m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work	
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs ds.
	9 BIRTHPLACE (State or country) Balto Ca Md	Contributory Secondary (Duration)
`	FATHER Chester & Brookhart	(Signed) M. D.
	OF FATHER (State or country) Rutledy Harford & Ma	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Harriet Sohn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Ballo & Md.	At place of deathyrsmosds. In the Stateyrsmosds.
	(Informant) Harriet Brookhart	It not at place of dea h?
	(Address) 204 Booling are Lorsaille	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PROPERTY 2 198
	15 Filed April / 1981 At 1 Byther Registras	Soley Bures fores Torney
		16 W. Saratoga St., Baito., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e g., Farmer or Flanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid faver (nover report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; clanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease; Nomenclature not be

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	LACE OF DEATH 2-9 Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village o	2FULL NAME ARTHUR G. BROOKS	stead of street an	
PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
s sex Mal	e White Single Widowed, or Divorced (Write the word)	March 16th , 19231 (Month) (Day) (Year)	
6 DATE	January 18th, 1911 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from	
7 AGE	lf LESS that I day hr or min.	8. The CAUSE OF DEATH * was as follows:	
particul (b) Gen business which e	de, profession or a children or a children of work the control of industry s, or establishment in employed or (employer) B. & O. R.R. PLACE e or country) Balto. Co., Md.	Contributory Secondary Contributory Secondary	
S II BII	AME OF STATE TOWN O. Brooks RTHPLACE FATHER State or country) Balto. Co. Md.	(Signed) Od Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether	
13 BI	AIDEN NAME MOTHER Ella Ruby IRTHPLACE MOTHER State or Country) Balto. Co., Md.	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs	
4 THE A	ermant) John O. Brooks	Where was disease contracted, if not at place of death? Former or usual residence	
15 Filed	(Address) Stemmers Run, Md.	St. Marys Hampden Mar. 19, 1931 20 UNDERTAKER ADDRESS 7401 Belair F	

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated undo the head of "contributory." stated unless important. Example: Measles (disease approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of death "Exhaustion," "Heart failure," "Haemorrhage, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Committee on C Nomenclature Chronic affection etc. The contributory valvular heart need not be Measles; disease;

If this certificate is looked wer the roughly and all questions answered in detail, it will prevent furth correspondence. All the data is essential and hust be obtained before the certificate is permanently filed

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Filed

Sc. 1	1PLACE	OF DEATH
M PH	County	Baltimore
ORD (ACTLY, Shassifled ate.	Village or City	Catonsville
Fical Fical	2FUI	LL NAMEA
ated opposite	PERSON	NAL AND STATE
sta pro of c	3 SEX	4 COLOR OR RA
N A N S S S S S S S S S S S S S S S S S	Female	White

ACE OF DEATH	
Baltimore	(107-a)

(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

ELLICOTT

rest & Summit Ayea. Ward	(If death occurred in a hospital or institution, give its NAME in stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	7000
	31 1931
17 I HEREBY CERTIFY, That I at	(Year)(Year)
March 28 1923/ to m	
	-of 31 , 1923/
and that death occurred on the date state	
The CAUSE OF DEATH * was as follows:	u auove, atm.hR.m.habaan
0 0	
Brougho Preum	oua
	VI,,***********************************
(Duration)	Tyrs. T mos. 5 ds.
Contributory	
(Signed) Washall By	True M.D.
oful 2 1923! (Address) Cal	mullo Jus
V*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	n, or, in deaths from injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Trans
At place In the of deathyrsmosds.	ateyrsmosds
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Good Shepard Cem etry	April 3 , 1931

ANNA MAY BRUUN TATISTICAL PARTICULARS 5 SINGLE. R RACE MARRIED. WIDOWED. Sing OR DIVORCED (Write the word) 6 DATE OF BIRTH January 18. (Day) (Month) (Y HELESS 7 AGE I day OCCUPATION (a) Trade, profession or particular kind of work None. (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Theodore Bruun 11 BIRTHPLACE OF FATHER Z Maryland (State or country) ш 12 MAIDEN NAME OF MOTHER Agnes Dyson 13 BIRTHPLACE OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr. Theodore Bruun Wyncrest Ave., Catonsville

ż

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

EASTON SONS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many eupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housenaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken etc., Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, etc. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The materia not gainfully em-(b) Grocery. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptated term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Meosles, (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and eonsequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condieausing Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telantis) may be stated under the head of "contributory." corbolic acid - probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association. Examples: Accidental drowning; Struck by railwoy troin and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, perilonoeum, etc., Corcinomo, Sarcoma, etc., oi FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary) cough; 'Congenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Committee on Chronic valvulor hcort etc. Nomenclature Always qualify all The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

(1		r, PHYSI- ed. Exact
	NIECORD	ACE should be stated EXACTLY, PHYSI- o that it may be properly classified. Exact
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OR BINDING	IS A PERMA	should it may
OR	IS A	ACE that

	County Ba		***************************************		0289 ©	() STATE OF CERTIFICATI	OF DEATH
Vil			(No. Winds		l Road	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONA	L AND STATIST	CAL PARTICULARS	5	MED	DICAL CERTIFICATE	OF DEATH
	'emale	White	5 SINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	ed 16		March 19	1931 , 193 (Day) (Year)
6 1	DATE OF BIRTI		ruary 23 , 18	356 (Year) th	July	EBY CERTIFY, That I at	tended the deceased from
8 (OCCUPATION a) Trade, prof		moa. 24 ds. or or	min.?		curred on the date states EATH * was as follows:	labovo, at 5. A. m.
Ь	b) General nati	of work ure of industry ablishment in l or (employer)	A 1 TT			(Duration)	yrs
9 E	(State or count	try) Hebbvill	e, Md.		Contributory Secondary	(Duration)	3
	10 NAME OF FATHER		es Subock	(Si	gned) G	2.C. Sa	M.D. iberty HeightsAve
RENTS	OF FATHER (State or c	Gern	any	20	*State the Violent Causes.	Disease Causing Death, state (1) Means of It dal or Homicidal.	
PARE	12 MAIDEN N	R Cathe	erine Neet	18	LENGTH OF	RESIDENCE (For Hospi	tals, Institutions, Trans-
	13 BIRTHPLA OF MOTHE (State or Co	R Germ	nany	of	place death yrs	mos. ds. In the	teyrsds.
14			OF MY KNOWLEDGE	if		death?	
15		Mr. Lewis Bup By Hebbville,		19	PLACE OF BUI	ganetery Roslyn	DATE OF BURIAL March 21 , 1931

Registrar DOF 1003 West Baltimore St.

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neccs-(b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptom "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature cough; Chronic etc. The contributory valvular heart Always qualify all

This certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

/.	02891
PLACE OF DEATH	STATE OF MARYLAND
County Salts Co.	CERTIFICATE OF DEATH
**************************************	(131)
40 30	Registration Dist. No.
Village or City Warm (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Leonge # 1	Surton tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH WAL 3 (, 1923 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 9 1848	much 27 1931 to hush 3/ , 1981.
(Month) (Day) (Year)	that I last saw han alive on March 31 , 192 ,
7 AGE [If LESS than	and that death occurred on the date stated above, at 4.30 Cm.
8 2 /6 22 I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	Certiful fun
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos da.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) / yrs mos ds
10 NAME OF John W. Burlow	(Signed) Clarelly M. D.
O 11 BIRTHPLACE	Maist 192] (Address) Luyswell his
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clyc Wolf,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sertha Durlon	Former or usual residence
(Address) Glevary Whi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3 193/
15 Filed ale 2 1923 / 74. H. Gorand	20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the 6) Grocery,

Strtement of Cause of Death—Name, first, the Disease. Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sareoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions data is essential and must be obtained before the certificate is permanently fied.

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WRITE

PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED 6 DATE OF BIRTH 13 (Month) (Day) IIf LESS than 7 AGE I day hrs. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Owni 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER RENT (State or country) PA OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 3

St.;Ward)	(If death occurred is a hospital or institu- tion, give its NAME is
res	stead of street and number-)

number)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Musch 20, 1931
(Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended the deceased from
much 14 1931 to march 20, 1931
that I last saw hav alive on march 20, 1931, and that death occurred on the date stated above, at 4:10 P. m.
The CAUSE OF DEATH * was as follows:
Influenzal Broncho -
(Duration) yrs. mos 6 ds.
(Signed) Serge (C, Medairy M. D. Man 20 1931 (Address) Owing Smills, Med
*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place / yrs. / mos. // ds. In the State yrs. mos. ds.
Where was disease contracted, al Place of bleath is not at place of doa.h?
Former or usual residence Baltimore, Med.
19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL 3-23, 1931.
20 UNDERTAKER ADDRESS
How look war.

No.

Registra

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

from duplicato Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emer," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. fired 6 yrs). For persons who have no occupation g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

certificate

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISfaver (the only definite synonym is "Epidemie cerebropneumonia, Bronchopneumonia ("Pneumonia

taken

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "E.haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shoek, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e.g., scpsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from ehildbirth or misearriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstilial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; by Committee Chronic valvular heart discase; nephritis, etc. The contributory Example: Measles (disease Nomenclature of the

data is essential and answered in detail, it will permanently filed. If this certificate is looked oked over thoroughe, and all qu stions properly further correspondence. All the contained before the certificate is

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CORD	er. J chassified
TX	prep of ce
WRITE PL. (LY, ITH UNFADING INK-THIS IS A PERMA XT CORD	. BEvery item of Information should be carefully supplied. ACE should to stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
1	•

PLACE OF DEATH County Palto	O2893 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35
2FULL NAME Cleonora Can	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewall Wute (Write the word)	16 DATE OF DEATH (Moath) (Day) (Year)
6 DATE OF BIRTH GAV' 76, 1848 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931 to Mar 2 2 , 1931. that I last saw h 2 slive on 2 2 2 , 1931.
7 AGE 83 yrs. 1 mos. 26 ds. or min.?	
(a) Trade, profession or particular kind of work	Intestinal Obstructions
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Dallastowy (State or country)	Contributory Secondary (Dustion) yrs mos ds.
10 NAME OF James Peeling	(Signed) Comment M. D. M
OF FATHER (State or country) OSTATORIO (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Christian Iners.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Outlier	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) 3709 Milford an Balling	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 2004 Generally) MAN 2 4 193 /
Filed Mch 23 193/ Samuel & Miller Del Registrar	29 UNDERTAKER HARLENS MA Bene Med
If more banks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (b) Grocery,

Statement of Cause of Death—Name, first, the DISEAR SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia, Bronchopneumonia ("Pneumonia, "Typhoid Fuel Pneumonia, Bronchopneumonia ("Pneumonia, Bronchopneumonia ("Pneumonia, Bronchopneumonia ("Pneumonia, Bronchopneumonia ("Pneumonia, Bronchopneumonia ("Pneumonia, Bronchopneumonia ("Pneumonia, Bronchopneumonia ("Pneumonia ("Pneumo

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, inges, peritoraeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly tions, such as "Asthenia," "Anaemia" (mcrely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by rollway train by Committee on cough; Chronic affection need valvular Nomenclature heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly filed.

S. No. 1

PLACE OF DEATH	12894 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Village or City Ourneyo Viulla (No	Registration Dist. No. 33 Ward) Cablaw Registration Dist. No. 33 (If death occurred Ima hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temele White Single (Write the word)	16 DATE OF DEATH Musch 19 , 1931 (Month) (Day) (Year)
G DATE OF BIRTH June 36, 1924 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from warch 16 1931, to warch 19 , 1931, that I last saw her alive on warch 17 , 1931,
W 500 1	and that death occurred on the date stated above, at 3:05 P.m.
6 yrs. 8 mos. 21 de. ormin.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Ourney Trills, rud	Broncho - Pneumorus (Duration) yrs. mós 4 ds.
9 BIRTHPLACE (State or country) Virginia	Contributory Secondary (Duration) yrs. raos. ds.
10 NAME OF Leon Caplan	(Signed) George C. medarry M. D. Wurch 19 181 (Address) Owings hills, med
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Danny Trepolating	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country) Russia	At place 3 yrs 3 mos. 19 ds. Where was disesse contracted, at place of Aleath.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h? Former or usual residence Baltimore, and.
(Address) School: Owing mills Ind	
Filed March 19, 1931 N. M. Slade	Jack Lewis, 1+39 E. Balto Dt.
If more banks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Without more recorded mine, etc. Wom-loborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, 'Locomotive engineer, whatever, write None. to report first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day specifically the occupations of persons en-Stationary firemon, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) "(Enhaustion," "Heart lands," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (clarms) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the " ele.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

10 NAME OF

FATHER

ARENT

15

Filed

11 BIRTHPLACE OF FATHER

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(State or country)

(State or Country)

ECORD X	EXACTLY, PHYSI- rly classifled. Exact	County 15 alto.	1 02895 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 444 May load St.: Ward a hospitel or institution, give Its NAME in stead of street and number.)
2	ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AANENT	ay be proposed of	male White Single, MARRIED, France OR DIVORCED (Write the word)	16 DATE OF DEATH march 8 , 198/
R BIND A PERM	CE shou hat it ma	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h As alive on Mete 1, 192/
IS O	A of the		and that death occurred on the date stated above, at 12.10Am
RESERVED F	plled.	yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
	efully support of plain terminal See	(a) Trade, profession or Jecheman (b) General nature of industry business, or establishment in which employed or (employer)	Primary of mediastinum; recurrence in right lung, cuts R; (Durstion)
Z	TH I	9 BIRTHPLACE	Contributory Secondery

Oak Lown teem. 3/10/ 20 UNDERTAKER Connell Cesses

.193 (Address)

Registrar

(Signed)

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from er," etc., Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Housemaid, etc. Foreman, For many occupations a or yrs). Form laborer, (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation (b) If the occupation has been changed Automobile factory. The Laborer-Coal mine, etc. Womsingle word or term on (6) The quesmateria Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

permanently filed.

idelice.

If this certificate is cooked over the answered in detail, it will prevent further data is essential and must be obtined "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association (Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Committee Chronic on etc. affection need not be valvular heart disease Mon The contributory ," "Convulsions, clature and a'l question Measles ; etc., or of the death

or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1250	
infor- state UPA.	1. PLACE OF DEATH	(95°E)	
occ Occ	County Balts.	Registration Dist. No.	
item of should of OCC	Village or City Devedalk	No. 62 Townslie Posa St., War death occurred in a hospital or institution, give its NAME instead of street and number)	
		ds. How long in U.S. if of foreign birth? 6. 9 yrs	
Every CIANS bement	2. FULL NAME Clary & Comment		
SIC:	(a) Residence: No. 62 Township Poad	St. Ward.	
ا من اسط فيا	(Usual place of abode)	If nonresident give city or town and State	
PECC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
NT ECOL	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What What Wedow	21. DATE OF DEATH (Month) (Day) (Yéar)	
MANEN A C T L assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the Late Patricle Connoct.	22. HEREBY CERTIFY That I attended deceased from 1930 to Mar 28,193	
CXE.	6. DATE OF BIRTH (month, day, and year) Oct. 22 rd /87/	I last saw her_alive on May 28, 1932; death is sa	
A	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et /_ O_ /2_m.	
IS A l stated properl	59 5 6 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:	
S II	8. Trade, profession, or particular kind of work done, as SPINNER,	f 1	
H p	SAWYER, BODKKEEPER, etc.	Carto - Vasculos 46	
KK_T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Desease?	
Sh H	D. Date deceased last worked at this occupation (month and spant in this		
rg I	year) occupation	Other Contributory Causes of importance:	
NFADING pplied. AGl erms, so tha instructions	12. BIRTHPLACE (city or town) Veland	A. A.	
ed.	(State or country)	Bronoho- Preumonia 66	
	13. NAME Melael & Coursy		
y sul ain t	4 14. BIRTHPLACE (city or town).	Name of operation	
y E	(State of country)	What test confirmed diagnosis? Was there an au'opsy?	
Carefu	I	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
CA Ca	16. BIRTHPLACE (city or town)	Where did injury occur?	
PLAINLY, Whould be careful of DEATH in green important.	17. INFORMANT Clary T. Para (Daughter) (Address) 62 Tayre ship Rould	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
5-3 20	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
ITE on s SE SE	Place Holy Redoomer Generate application, 1991	Nature of injury	
WRIT mation CAUSI TION	19. UNDERTAKER Lilly & gailer the.	24. Was disease or injury a any way related a occupation of deceased?	
S E O E	(Address) 403 Co. Noch St. Ballack	di so, specify / Mearme	
7	20. FILED 3/3/3/9 LIMBOURGE Registrar.	(Signed) Decelal M.	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	31 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NLY WITH UNFADING INKTHIS IS A PERMA NT ECORD	formation should be carefully supplied. ACS thould be stated EXACTL
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PERMA	thould be
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WRITE PLA

PLACE OF DEATH County Balteriore	02897 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Catowrlle (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. Wall White the word)	16 DATE OF DEATH Wash (Month) (Day) (Year)
6 DATE OF BIRTH JON. 23 /88/ /8 /9 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 7, 1923. that I last saw h Malive on March 2, 1923.
7 AGE 52 If LESS than 1 day hrs. 52 yrs. 1 mos. 74 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry	Saicoma
business, or establishment in Junulture which employed or (employer) Junulture 9 BIRTHPLACE (State or country) Balts leity	Contributory Secondary (Duration) yrs. mos. d
11 BIRTHPLACE OF FATHER BORF &	(Signed) Markall Burst M. 1 19234 (Address) Carouxuella Markalle Months from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country) Jally Cetty 12 MAIDEN NAME OF MOTHER WILL Brevan	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Iran ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Ballmore leity 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death
(Informant) Edward V. Ceronan	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 121 W. Lafayelle W. Filed 3 19) Alexander	Howr W Jenfur Sing Ine Culto
If more banks are needed, addre. s it to Negistra	er, 16 W. Stratoga A., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner; (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farme report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrashidal fever (the only definite synonym is "Epidemia cerebras. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> (American Medical Association.) st_ted unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septieaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	-02895
G	ounty Baltinou	(P)
V	Illage or City Parkton me med	otter
destrona, pri	PERSONAL AND STATISTICAL PARTICULARS	ME
351	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wordfordow)	16 DATE OF DEAT
6 D	ATE OF BIRTH Nov. 14 (Month) (Day) (Year)	Hell 23 that I last saw b
7 A C		and that death occurrence CAUSE OF DE
(b) bus whi	Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in chemployed (or employer) RATHPLACE tate or country) Bactimore City	Completory Keyondary
PARENTS	11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country) 15 Linknown	(Signed) State the DISE CAUSES, State (1) TAL, SUICIDAL, OF 16 LERGENT RESID At place of death yrs.
	(Informant) IT. Eduard L. Cotter (Address) I616 Huntington are	Where was disease cont If not at place of death? Former or usual residence
15 File	en mars. 7 1981 m Bolius In &	20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

St.: Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

MEDICAL C	ERTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	3		7	1931
	(M	onth)	(Day)	(Year)
Jell 25 190	3/ 10/	Ma	tended dece	ased from
that I last saw b. L. alive	on		07	190
and that death occurred on	the date	-	ove, at	3 A m,
The CAUSE OF DEATH * W	as as fol	lowe;		
Browell	0	hu		-
	1 -13			
Charles	(Durat	(h)	yrsmo	/Q ds.
Contributory	w			************
a secondary		191	2	
	(Durat	(fi)	yrsmo	sds.
(Signed)	1	10	U	Ens.
(Signet)			1	
/5 / 199/(Addi	ress)	w	Tru	O Pale
State the Draman Core	Day		3 43 4	
*State the DISEASE CAUS CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICID	OF INJUI	EY; and (2) whether	ACCIDEN-
16 LENGTH OF RESIDENCE	FOR HOS	PITALS, INS	TITUTIONS T	RANSIENTS
OR HECENT RESIDENTS!				
At place		In the	wro	
of death yrs mos Where was disease contracted	us.	21gis	yrs, mo	s ds.

ACE OF BURIAL OR REMOVAL DATE OF BURIAL

DERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcopers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of .. is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin: "Can "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

19**31** U V. S

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V	X	1	
10	W.	X	
	No.	X	X

CORD

PLACE OF DEATH

County Baltimore

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	-	0	10

02899

STATE OF MARYLAND CERTIFICATE OF DEATH

			Registrati	on Dist. No.
		ck <u>Roachand</u> Oella <u>Ave</u> iet Ann Davis	•St.:W	ard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICAT	TE OF DEATH
3 sex Female	4 COLOR OR RAC	SE SINGLE, MARRIED, WIDOWED, OR DIVORCESINGLE (Write the word)	16 DATE OF DEATH (Month)	
6 DATE OF BII	RTH	nkuston, 1	17 I HEREBY CERTIFY, That I	
(a) Trade, proparticular kin	rofession or nd of work	mos. ds.	and that death occurred on the date at The CAUSE OF DEATH * was as follow	
business, or	ountry) M	aryland B. Davis		Elous few hones de 40 M.D.
OF FATI Z (State of the state o	HER or country) Ma	aryland	*State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	Injury and (2) whether
OF MOT 13 BIRTHF OF MOT (State o	REDECCA PLACE HER TOURTY) Maryla	,	IB LENGTH OF RESIDENCE (For Hients or Recent Residents) At place of death	n the Stateyrsmosds.
(Informan	ur ::	Randall Davis	Former or usual residence	DATE OF BURIAL
(Add	dress) 807 Walnu	t Ave Rogenal Heights Balto. Md. Registrar		Mar. 12, 1931 Address Ellicott City.

If more bianks are needed address

Easton Sons,

State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The -Coal mine, etc. not gainfully empersons materia. ougincer, Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted berm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease (secondary Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, approved carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY by or intercurrent) affection need cough; Chronic 'Congenital,' "Senile," etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Committee on valvular heart disease, etc. Nomenclature The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12900
1. PLACE OF DEATH	
County Balto	Registration Dist. No. 44
Village or City Chesaco Parlo	No. Beach are, St, Ward
h .	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jamuel L. Le	2020
(a) Residence: No. Deach (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DEVORCED (write the word)	21. DATE OF DEATH march 7 7 (Month) (Day) (Yaar)
ia. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
- J	
5. DATE OF BIRTH (month, day, and year)	1 last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at/m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cuttus and SAWYER, BOOKKEEPER, etc	
SAWYER, BOOKKEEPER, etc	1,0 4 2
work was done, as SILK MILL, SAW MILL, BANK, etc.	acute myocarditis
10. Data daceased last worked at 11. Total time (years)	1
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Samuel Alavis	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country) / 3 alto.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Zinknown	23. If death wes due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country) 03 alto	Where did Injury occur?
17. INFORMANT Louis In Kin Kines (Address) 1317 n. Carolin St.	(Specify city or town, county and State) Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mrt. Olivet Date Mark 2 4, 193/	Nature of injury
19. UNDERTAKER John G. Connelly (Address) Cessel and	24. Was disease ar injury In any way ralated to occupation of decaased?
(Address)	Il so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of decof importance were as follows:	that of a layer	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APD 6 1021	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Houscwife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the niseable causenon neath (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic errorspinal meningitis"); Dlphtheria (avoid us of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia; unqualified, is indefinite); Tubercus losis of lungs, meninges, peritonaeum, etc.. Cartin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acld-probably sulcide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvulur heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

t te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1:2902
of infor-	1. PLACE OF DEATH	(6)2-a)
16	county allymore	Registration Dist, No.
	Village or City Catonsville	No. Ofel - Home St., Ward
1.7	/ (If	death occurred in hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of rasidence In city or town where death occurred	ds. How long th U.S. if of foreign birth? 95 yrs. mos. ds.
tb. Every rsicians	2. FULL NAME & Warely St. L	e Cana
Etal Si	(a) Residence: No. Ober Hunder of abode (Visual place of abode)	If nonresident give city or town and State
ECORD. Every PHYSICIANS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Transcott	3/SEX A. COLOR OR RACE 5, SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
	He male Mit OR PORCED (write the word)	march 22, 1931
5 A Z B		(Month) (Day) (Year)
BINDIN ERMANH EXACT y classific	5a. If married, widowed or divorced HUSBANO of ODWIFE of Carry	22. I HEREBY CERTIFY, That I attended deceased from
Z Z×T	(Una 28 1835	1927 to Marst 22, 193/
PE E	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
FOR BI IS A PE. stated E properly	95 / 34 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(IS sta pro	8. Trade, profession, or particular	wera as follows:
- 70	Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Culial Hemonton 3m
RVE Ould may pack	9. Industry or husiness in which	
	work was done, as SILK MILL, SAW MILL, BANK, etc.	
ESE INI	11. Total time (years) this occupation (month any year) occupation	
7 - 0		Other Contributory Causes of importance:
IN DI	12. BIRTHPLACE (city or town) (State or country)	Calara Calara
ARGIN UNFADI upplied. terms, so		fillus sulloss
	E E	Name of operation. Wow Date of
(1)	Id. BIRTHPLACE (city or town) Why was a second of the city of town)	What test confirmed diagnosis?
Y, WYT. carefully CH in pla	15. MAIDEN NAME / armi Mac Carley	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
INLY, WI be careful EATH in p	15. MAIDEN NAME / A omi Mac Couley 16. BIRTHPLACE (city or town) (State or Gunley)	Accident, suicide, or homicide?
H	E (State or Country) My Myrown	Where did Injury occur?
E PLAIN should-be OF DEA	17. INFORMANT / and & sist of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) (HID Trynn) Van h	le Mone
E W E	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
-WRITE nation sl CAUSE FION is	Place Delegation Date of Word 1997, 1904/	Nature of injury
-WRIT mation CAUSI	19. UNOERTAKER MULGEN JONE	24. Was disease or Injury In any way related to occupation of deceased? Mea
No.	(Address) 12/1 St Joul St	If so, specify
8 / Z	20, FILED of 19	(Signed) Walshall D With M. D
(7)	16 more blackered back had to Come Registrer.	(Address) (Address) (2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	I RESIDENT	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exa	mple I CEIV		Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	TAXESTA A YES	1921	Run over by street car	1 week ago
Cerebral hemorrhage	001111.5	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	/ County	Ba	ıtimore	Registration Dist. No.		
	Village Dr (City EUDOWOOD S	SANATORIUM, TOWSON	elf dan No. St., St., St., St., St., St., St., St.		
	Length of res	idence in city or town where	death occurred	osds. How long in U.S. if of foreign birth?yrsmos		
Statement	2. FULL NA (a) Resider	ME Valores nce: No. 3/2 0	(Usual place of abode)	St., Ward. If nonresident give city or town and State		
	PERSON	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month (Month) (Dey) (Y		
	5e. If merried, widow HUSBAND of (or) WIFE of	rora lea	sey	22. I HEREBY CERTIFY, Thet I ottended deceased fr		
1	6. DATE OF BIRTH (month, day, end yeer) Nov. 20, 1889			I lest saw h olive on mark 22 , 1931; deeth to have occurred on the dete stated above, at 595 m.		
Cupplished States may be properly of certification of the states of certification of the states of t	7. AGE Years Months Deys If LESS then 1 dey,hrs.		1 dey,hr			
	A kind of SAWYER	ession, or particular work done, es SPINNER, BDOKKEEPER, etc	Iron worder	Plantule 1		
	work we	business in which is done, es SILK MILL, LL, BANK, etc	11, Total time (yeers)	- Commission of the commission		
ons on	this occu	petion (month and	11. Total time (yeers) spant in this occupation	Dther Contributory Causes of importence:		
so so I	12. BIRTHPLACE (c) (Stete or cou		sey at My	Carline Farluse		
	13. NAME	thex W	vely			
See	(State o	E (city or town)	eland	Name of operation		
rtant.	15. MAIDEN NA		9 o'lone	23. If death was due to axternel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
AAINI Id be DEA'	Hospital Tr. INFORMANI (Addres)	RecordsP	ersonal History	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
is very	18. BURIAL, CREMA	TION OF REMOVAL	Dete Inar 26, 1931	Manner of injury		
TION is	19. UNDERTAKER	any Kitur	lyke demles	24. Was disease or injury in any wey releted to occupetion of deceased?		
	20. FILEMEL 2	2 193/	Mar Dauthe	(Signed) (Signed) (Ardress) Eudowood San Rowson, Md		

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH Endaword Senatorium

23

...Ward

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ctc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritophis	3 days ago
		/ \$ /	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Mr. O	

ADDITIONAL SPACE FOR FURTHER STATE ENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

BINDIN

RESERVED

MARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-Every	Item	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	should	pe	carefully	Supplie	ed.	AGE .	should b	36 8	tated	EXACTLY.	PHYSICIANS	shou
CAUSE	OF	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	in terms	8,	o that it	may t	De D	roperly	classif.	ed.	Exact	statement	OF OCCUPAT	LION
Importa	ant.	important. See instructions on back of certificate.	s on bac	K o	f certifica	ite.	A						/	

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state

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County....

PLACE OF DEATH Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

82-a

Redistration Diet Ma N

Registration	DIST.	No
St.;W	ard)	[it death occorred in a hospital or institution, give its NAME lostead of street and number.]

ADDRESS

1003 West

Viliage or City Hebbville (No. Rolling Road Albertina Exmire ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Married WIDOWED. (Month) (Dav) (Write the word) White Female HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH August 25 (Day) (Year) (Month) TAGE It LESS than and that death occurred on the date stated above, a 1 day. hrs. OR 7 BOCCUPATION (a) Frade, protession, or Housewife particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Berlin (Secondary) (State or country) Germany (Duration) 10 NAME OF FATHER (Signed) Unknown 11 BIRTHPLACE ..., 19 5. (Address) 44 20 RENT OF FATHER (State or country) Unknown *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER Unknown 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country State 61 Unknown ot death yrs. mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE it not at place of death? (Interment) Mr. Harry E. Sellman Former or usual residence. Woodlawn, Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... Olive Cemetery, Boslyn March 13, 193 xx 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

TO UNDERTAKE

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, , etc. Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPIEAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPEBAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can. death), 29 da.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence... All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

- t e :	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02907
infor- state UPA-	1. PLACE OF DEATH	
o de la co	County Dallmar	Registration Dist. No.
item of should of OCC	Village or City Colonwell (If	death occurred in a hospital or institution, give it NAME instead of street and aumber)
Ary in	Length of residence in city of town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsds.
Every CIANS	2. FULL NAME Julia Weil	w feedt
CORD. Every PHYSICIANS ct statement	(a) Residence: No. Mashington, D.:	St., Ward. If nonresident give city or town and State
ret PCO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ph Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
/ = 3 .	Lit married, widowed, or divorced	(Month) (Day) (Year)
NDING RMANEN X A CT I	HUSBAND of (or) WIFE of (IVA 11). For It	22. I HEREBY CERTIFY. That I attended deceased from
	0 2 8 181 M	1 last saw h & alive on 26 214 , 193/ ; death is said
FOR BI IS A PEI stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et \$= 300 m.
FOR B. IS A PE stated E properly ertificate	63 10 16 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, for SAWYER, BOOKKEEPER, etc.	Hue Brougha Meneroyeac
	9 Industry or business in which	40043
ERVE VK—TI should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc	
ESE INK E sho at it s	10. Date deceased lest worked et this occupation (month and year) spent in this occupation (cupation	
2 4 1 3	12. BIRTHPLACE (city or town) Marturalung	Other Contributory Causes of Importance:
ARGIN RE NFADING pplied. AGF erms, so that instructions	(State or country) W. W	Ceelast Herronkage 34
	13. NAME John Feller 14. BIR (HPJACE (city or town) John John John John John John John John	A 271 8
= 10	14, BIR (HPLACE (city or town) (State or country)	Name of operation
	15. MAIDEN NAME Pluberguer	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
PLAINLY, W.	15. MAIDEN NAME (State or country)	Accident, suicide, or homicide? Date of injury, 19
PLAINLY, thould be can OF DEATH very import	(State or country)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
LA]	17. INFORMANT (Address) 1938 35th Lt. M.W. Wash. D	Specify whether injury decurred in industry, in nome, of infraction react.
FE P Sho E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
1 -WRITE PLA mation should CAUSE OF DI TION is very	Place Tuesday Date Was Date 19.01	Neture of injury
WRIT mation CAUS	19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
N (m)	3/1-1-19/01/1	(Signed) Warshall B fort M.
> 2	20. FILED. Registrar.	(Address) Calounulle und
	If more blanks needed, address State Registrary	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example CEIVE		Example II	
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Chronic interstitial nephritis PIREATI	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING TH UNFADING INK---THIS IS A PERMA

N B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WRITE PLAKLY, V.S. No. 1

TO STEEL STORE OF STAN LE REELS	= -02908
PLACE OF DEATH	STATE OF MARYLAND
County Dallimon	CERTIFICATE OF DEATH
	Registration Dist. No. 42
Habither Oak	landed
Village or City / (No.	St.: Ward) (If death occurred in a hospital or institu-
my Tish	tion, give Its NAME in- stend of street and
² FULL NAME TOVICE SWAN	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
of and Ool WIBOWED, WILL	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
Onkenow 10/3	that I last saw h
(Month) (Day) (Year)	301
7. AGE If LESS than I dayhrs	
yrsds. ormin.	
8 OCCUPATION AL	My co dead do que a dem
(a) Trade, profession or Conservats	· ·
(6) General nature of industry	
which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE D.	Secondary Contributed Contribu
(State or country) runce Jeorge Or	Rieligis Statistical oroner
10 NAME OF	(Signed) be small for M. D.
FATHER Unbondrove	Wal 3-57931 (Address 12 Zood - a
of 11 BIRTHPLACE P	
Z (State or country) Prince Glorge Co. M.	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER CARDINA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER . M.M.	At place of death yrs
(State or country) 14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Im Fusher	usual residence
alsland we Sale In me	MALA STATE OF BURIAL OR REMOVAL MALL 218
Contract of the state of the st	20 NODERTAKER D ADDRESS .
15 Filed May 27 192 31 Verstakeff	The In Change How 638 44.0
Registration	eum-1r. Orano or 630. 1. Umo
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," 'Manager," 'Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write Nonc. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Stritement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synenym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) lelanus) may be stated under the head of "contributory. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Examples: Accidental drowning; Struck by railway train FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease; etc. affection need not be The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate in permanently filed.

- D. L. A. 13.

8 -

PLACE OF DEATH	STATE OF MARY
County Culturate	CERTIFICATE OF
XI O . A No ^c	Registration Dist. No.
Village on City Caton Serl and Porting S	Ward) (If de a hos tion, stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE BSINGLE, MARRIED. MANUAL WIDOWCO. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 (Month) (Day)
6 DATE OF BIRTH (Month) (Day) (Year)	3 July 19230. to Man
7 AGE 62 yrs. 5 mos. 19 ds. lf LESS the l day hr or min	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory asternal School
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidsl or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents) At place of death yrs mos ds State Cyro
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MAH HOrrace Foles (Address) 27/8 M. C. J.	Where was disease contracted of the second o
Filed 244 192 Registrar Registrar	William Cook 1247

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

261 At Paul

number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH QUEL 24, 1938 / (Month) (Day) (Year)
that I last saw h malive on Mch 23, 1923
and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
Cerebral Embolion
Contributory astocard - Selection des
(Signed) 1564 - 2 Garett M. D. M. D. Mch 24 1923 / (Address) Cafonsulle
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs 8 mos ds. In the Oyrs mos ds
Where was disease contracted of the if not at place of death?
Former or usual residence 27/8 / Calvert 9 Ball
19 DACE OF BURIAL OR REMOVAL DATE OF BURIAL VIELE TOWN JOHN 27, 1921

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia Spinner, (b) Colton mill; (a) Salesman. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter. or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Grocery The ques-Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Namenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (Recommendations on statement of cause of death Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over tho oughl, and all questions answered in detail, it will present full be correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	PLACE OF DEATH	02910 STATE OF MARYLAND
1	County 32/Tingore	CERTIFICATE OF DEATH
4	1 + 11	Registration Dist. No. 34
	1	nnead Frantz (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Formale White Single, MARRIED, Artice OR DIVORCED (Write the word)	16 DATE OF DEATH (Nonth) (Day) (Year)
	December 14, 1862 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from An U. A. 192 1. to March 25
	68 yrs. 3 mos. 15 ds. or min.?	and that death occurred on the date stated above, at 12.30 fm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		Carcinoma 7 (olog
		(Durstion) yrs. 6 mosds.
	9 BIRTHPLACE (State or country) // anyland.	Contributory Secondary (Dufation) yrs mos ds
	FATHER Benishin Denmead.	(Signed) J. O. Sellman M. D.
	OF FATHER (State or country) (State or country)	*State the Piscase Causing Death, or, in deaths from Violent (Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Margaret Ellen Hutchins	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place In the of deathyrsmosds, Stateyrsmosds Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
	(Informant) Margaret Pinkney Honty	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	Stames - Mann March 3/ 103
	Filed Man 3/ 198/ B Benson MAP	20 UNDERTIKER Proples and Sou Sparks
	If more b.anks are needed, oddre.s tate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No.1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, As examples: (a)

Strtement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Carebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." American Medical Association.) as fraeture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU.: Y diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Chronic Example: Measles (disease etc. valvular heart disease; The contributory Mcasles;

If this certificate is looked over thoroughly and a'l questions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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of

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Hellerder (If death occurred inWard) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED-WIDOWED THE OR DIVORCED (Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Year) (Day) IIf LESS than and that death occurred on the date atated above, at 7 AGE I day hrs. The CAUSE OF DEATH * was as follows:min.? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Address) .. 11 BIRTHPLACE RENTS *State the Disease Causing Death, or, In desths from OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State. of death. (State or Country) Where was disease contracted, if not at place of dea.h?. 14 THE ABOVE IS TRUE usual residence 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratona St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farma (redired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day (b) Automobile factory. The material Salesman. 6 Grocery;

Statement of Cause of Death—Name, first, the Dree EAR & CAUSING DEATH (the primary affection with respect to time and causation), using always the same account term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

1931

Iclanius) may be stated under the head of "contributory." Gearbolic acid-probably swicide. The nature of the injury, Recommendations on statement of cause of death approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anacmia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

PLACE OF DEATH

/	County Baltimore	CERTIFICATE OF DEATH Registration Dist. No. 42	
Vil	lage or City Halethorpe (No. 16 Carvi) 2FULL NAME Mrs. Elizabeth Ger	Lle Ave . St.: Ward) (If death occurred is a hospital or institution, give its NAME is	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
-	cemale White Single, Married or DIVORCED (Write the word)	March 23 , 19231 (Month) (Day) (Year)	
6 0	August 9th , 1863	17 I HEREBY CERTIFY, That I attended the deceased from Lee 2 1920. to way 22 1923, that I last saw her alive on way 2 2 1923.	
7 A	67 7 12 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 615 Pm	
b	b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Germany	Contributory Secondary (Duration) Vis. pros. de (Duration) Vis. pros. de	
	10 NAME OF FATHER John Henkel	(Signed) Alle Alexander M. 1 3/24 1921 (Address) 2000 Halling M.	
ENTS	OF FATHER (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether	
PARE	of Mother Elizabeth Bloecher	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translants or Recent Residents)	
	13 BIRTHPLACE OF MOTHER (State or Country) Germany	At place In the of deathyrsmosds. Stateyrsmosds	
14 1	(Informant) Jacob J. Gerlach. (Address) 4021 Parkside Drive	Former or usual residence	
15	Filed Mcl 35 19231 Star for Reconfine	George L. Sohwall 201 hick in	
	If more banks are needed addre a State Registrat	- 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

02912

STATE OF MARYLAND

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, definite salary), may be entered as Housewife, House whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the For persons who have no occupation Automobile factory. The material 6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failure," "Inamowhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemowhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all Whooping approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

permanently filed. If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is 1931

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. EXACTLY, P (If death occurred in Ward) a hospital or institu-tion, give its NAME irstend of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOE OR RACE 3 SEX MARRIED. WIDOWED BINDING (Write the word) That I attended the 6 DATE OF BIRTH (Year (Month) the date stated ebove, IIf LESS than 7 AGE I day hre. min.? ESERVED OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF Causing Death, or, in deaths from Violent hus s, state (1) Mesns of Injury and Accidents, Suicidal or Homicidal. Discase (2) whether Z RE 18 LENGTH OF RESIDENCE (For tiospitals, Institutions, Transients or Recent Residents) In the At place .. yrs.......ds. OF MOTHER Where was disease contracted, if not at place of death?. Former or usual residence. DATE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 20 UNDERTAKER If more blenke ere needed, addrose Stete Registrar, 16 W. Saratoga St., Bulty., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Furm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged in domestic scrvice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation Compositor, mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopmeumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway troinand qualify as ACCIDENTAL, SUICIDAL. OF HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature "Atrophy." "Collapse," "Coma," "Convulsions, g cough; Chronic valualar heart disease; interstitial nephritis, etc. The contributory resulting from childbirth or miscarriage as Carcinoma, Sarcoma,, etc., of

If this certificate is itoked over thoroughly and all questions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital er institution, give its NAME in-

MEDICAL CERTIFICATE OF DEATH That I attended the deceased from and that death occurred on the date stated above, at ...

192 (Address) Towson, Maryland

*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

usual residence	acc 1/ a, 1, acs
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the operations of persons engaged in domestic service for vages, as Scrvant, Cook, Housemuid, etc. If the occup ion has been changed or given up on account of the MEASE CAUSING DEATH, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children not gamfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a nature of the business or industry, and therefore an sary to know Civil engineer, Stationary foremun, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyr.s). Farm laborer, Laborerwithout more precise specification as (b) Automobile factory. The materia For persons (a) the kind of work and also (b) the who have no occupation Salesman. -Coal mine, etc. Wom-Locomolive engineer, duties of the (b) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

> American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Weasles (disease carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all causing (secondar, Whooping use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need not be valvular heart disease; etc. The Nomenclature of the Sarcoma,, etc., of contributory

If this certificate is looked over thoroughly and all questions anawered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Baltinose	STATE OF MARYLAND CONTROL STATE OF MARYLAND CONTROL STATE OF MARYLAND
	Registration Disa No. 8 37
Village or City Chrews (No	St.: Ward) (If death occurred a hospit I or instation, give its NAME stead of street in number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Clute Single, Wilowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
March 29, 184 (Month) (Day)	17 I HEREBY CERTIFY, That I attended the deceased fr 193 0 to March , 193 that I last saw h M alive on March 1 , 192
S yrs. 11 mos. 3 ds. or mos. 1 flexes of day or mos. 3 ds. or mos. 1 flexes for mos. 1 flexes flexes for mos. 1 flexes flexes for mos. 1 flexes fl	hrs. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
OF FATHER (State or country) (State or country) Maugland Manuel Grim OF FATHER (State or country) Manuel Grim Manue	(Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (State the Disease Causing Death, or, in deaths from
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland Roth R	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents) At place of death yrs
(State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Former or usual residence
(Informant) Mr. Elines Burn	
(Address) Rhoeris Ballo Co.	M. P. Cem. Mar. 5, 130

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer beor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, household only (not paid Housekeepers who receive a laborer, Housemaid, etc. If the occupation has been changed to report Foreman, For many occupations a Or be used only when needed. yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) man, (b) Automobile factory. The At Home, and children, without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation, Laborer-Coal mine, etc. Womsingle word or term on Locomolive engineer, not gainfully em-As examples: (a) The quesmateria. Gracery;

Statement of Cause of Death—Name, first, the first EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fener never report "Typhoid Pneumonia"; Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY approved by fillianus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need " "Marasmus, " "Old Age, " "Shock, cough; Committee on Chranic etc. valendar heart Nomenclature The contributory Always qualify all discase; not be

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1931

No. 02

1PLACE OF DEATH
County Baltuine.
County
illage or Citylaursdowne(No. 169
2FILL NAME Charles H. 9
2FULL NAME Charles M. /V
PERSONAL AND STATISTICAL PARTICULARS
hale with willowed. Willowed.
DATE OF BIRTH
(Month) (Day) (Year)
AGE [If LESS than
6 Fyrs. 6 mos. 18 ds. or min.?
(a) Trade, profession or particular kind of work
(h) Conord nature of industry
business, or establishment in which employed or (employer) Truck (letics.
State or country)
FATHER Frederick Haberleon
11 BIRTHPLACE
Z (State or country)
of MOTHER 4 reducta- Muller
AS BIRTHER ACE
OF MOTHER (State or country)
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James & Galerkon
(Address) / Stoffman dec
5 (h. 11- JVOI 100 11.

1123 F					
(140.11	STATE	OF	MARY	LAND)
	CERTIFIC	TAT	F OF	DEAT	H

Registration Dist. No.

tabellon		(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
MEDICAL C	ERTIFICATE C	F DEATH
16 DATE OF DEATH		4, 19 31 -(Day)(Year)
that I lost saw h Linaliv	1931 to Ma	ended the decessed from 195!
and that death occured on		
The CAUSE OF DEATH *	a Pec	tonis
	(Duration)	
Contributory Secondary (Signed) Manual Man 4 13 / (Ac	(Duration)	heely M.D.
*State the Discase Violent Caus s, state (Accidental, Suicidal or Ho	(1) Means of Ir	i i s from njury and (2) whether
18 LENGTH OF RESIDE		tale, Institutions, Trans-
At place of death yrs mos.	ds. In the	eyrsmosds
Where was disease contracted if not at place of death? Former or usual residence		
19 PLACE OF BURIAL OR	el Con	DATE OF BURIAL CHEAT, 1931. ADDRESS

If more blanks are needed, address State Registrat 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state oecupation at beginning of illness. If retired from er," et., without more precise specification as rug taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Cotton mill, (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Civil engineer. report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted time and causation). Leading always the same accepted the time and causation and the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state Means of Injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traindiseases eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or misearriage as etc. affection need not valvular heart disease Nomenclature The contributory Measles

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Baltimore Co.	02917 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City 18 Charlotte R. Hera 2FULL NAME Charlotte R. H	a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) further	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Och /5-, 1852 (Month) (Day) (Year)	17 I FEREBY CERTIFY, That I attended the deceased from 1020 to Mayer 22, 102/, that I last saw her alive on March 2/, 192/,
7 AGE If LESS than I day hrs. or min.	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Balloto. hul	(Duration) / yrs. 2 mos. ds. Contributory Secondary (Duration) / Ars / A mos. ds.
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) M. D. 3 2 (Address) A C12 TOTAL *State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) Balls Co. Jul.	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) W. H. M. Otale	Where was disease contracted, if not at place of death?
(Address) Parkton, Ind	of PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 25, 1931
Filed Nobe 24 197/ Downson	P. Markelin Son White Hall. Ind

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Stationary fireman, etc. But in many For persons who have no occupation n mill; (a) Salesman, (b) Grocery;
Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); approved Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

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PLACE OF DEATH

BINDIN

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questo report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) whatever, write Nonc. household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospixal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature ," "Convulsions, Measles ;

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V. S. No. 1

PLACE OF DEATH

	02919 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH Registration Dist, No. 44
Village or City Essex (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, White Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH March 19, , 19231 (Month) (Day) (Year)
March 19, 131 (Month) (Day) (Ye	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS day or n	than and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Baltimore County, Md	(Duration) yrs. mos. de. Contributory Died from spasms soon after Secondary
OF FATHER Wm. Edgar Hauf II BIRTHPLACE OF FATHER (State or country) Baltimore, Md.	(Signed)
of Mother Anna N. Hauf 13 BIRTHPLACE OF MOTHER (State or Country) Baltimore, Md.	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place of death
(Informant) Mrs. M. Thom	if not at place of des.h? Former or usus! residence
(Address) Essex, Md. Filed 3/23 19231 John G. Connelly Registra	
If more blanks are needed, address State Regi	strar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

02919

(Approved by U. S. Census and American Public Health Association.)

Laborer, Farm laborer, Laborer—Coal mine, etc. Wom-et en at home, who are engaged in the duties of the ethousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-\(\frac{\partial}{\partial}\) (a) Foreman, (b) Automobile factory. The material \(\frac{\partial}{\partial}\) worked on may form part of the second statement. \(\frac{\partial}{\partial}\) Never return "Laborer," "Foreman," "Manager," "Deal-\(\frac{\partial}{\partial}\) etc., without more precise specification as Day bto report specifically the occupations of persons en-ogaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-Eployed, as At school, or At home. Care should be taken whatever, write None.

Statement of Cause of Death—Name, first, the DISortired 6 yrs). Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day should be used only when needed. or given up on account of the DISEASE CAUSING DEATH, Estate occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re-OSpinner, (b) Cotton mill; (a) Salesman, Anature of the husiness or industry, and therefore an Madditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer, For persons who have no occupation As examples: (a) 6 Grocery;

DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the held of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Assessment (Recommendations on settlement to cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart disease; Non The nclature contributory Measles;

If this certifice it woked or thoroughly and all questions answered in detail, the must be obtained before the certificate is permanently file.

. A. A.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, evc. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, r," etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospiaal fever (the only definite synonym is "Epidemic cerebrospianl meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart Nomenclature of the not be disease;

American autous.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



4. S. No. 1

1	SI-	PLACE OF	DEAT
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STATE OF MARYLAND CERTIFICATE OF DEATH

02921

County	Registration Dist. No.
Village or City Monkton (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Amelia Virgin	na (Kenderson number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Cles, 26, 1848 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921, to march 16, 1921, that I last saw h M alive on march 16, 1921.
7 AGE If LESS than I day hrs. 1 day hrs. 1 day hrs. 2 ds. or min. 2 d	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Jalmlar Grast Assian
b) General nature of industry susiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Talk of On Mid.	Contributory Broken Complement de. Contributory Secondary Duration) 18 mos de
10 NAME OF FATHER Cas. O. Wheeler 11 BIRTHIFLACE OF FATHER (State or country Jacks Os. Ind.	(Signed) M. D. Shurngufun M. D. 3-18 (Address) Sauks M. D. *State the Disease Csusing Death, or, in deaths from Violent Caus. s. state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAMES OF MOTHER Sligabeth fundulance 13 BIRTHPLACE OF MOTHER (State or country) Marylando	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Mrs. J. A. Gemmerman (Address) Mark You, Ind.	Former or paraller of Burial OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL Mealer Okapel May 20, 193/
Filed 3/19/3/ 192 Francis Of Blake Registral	20 UNDERTAKE DON While Hall. M

If more banka are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Newant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons onployed, as At school, or At home. Care should be taken household only en at home, who are engaged in the duties of the Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Compositor, For persons who have no occupation (not paid Housekeepers who receive a Architect, Solesman. (b) Locomolive engineer. (Frocery)

Statement of Cause of Death—Name, first, the precase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrapital fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Dephtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); ohar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinomu, Sarcomu., etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by telunus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., ser) was, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train -"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; Committee on Chronic etc. valvular heart Nomenclature of The contributory Mensles; discuse;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate in permanently filed.

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits ean be known. The quescupation is very important to that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emtired 6 yrs). gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. nner, (b) Cotton mill; (a) Sulesman, (b) Grocery, Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on For persons who have no occupation As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases ean be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as nephritis, etc. The Nomenclature heart disease; contributory

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PLACE OF DEATH .	STATE OF MARYLAND
County (Salfunore	CERTIFICATE OF DEATH
O la	Registration Dist. No. 32
Village or City Oungshulfes. Mary	fulls (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Single MARRIED, Single Wilowed, OR DIVORCED (Write the word)	16 DATE OF DEATH March 26 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Hilmany 4th, 1914	
(Month) (Day) Kear)	and that death occured on the date stated above, at
7 AGE If LESS than dayhre.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
a) Trade, profession or	tractured shull caused,
particular kind of work 10 Occupation (b) General nature of industry	by valor blown from pomoto
business, or establishment in	(Duration), yrs. mos de
which employed or (employer)	Contributory
(State or country) Mayland	Secondary (Duration) A V/A mos de
10 NAME OF Grounds	Signed) Christian Ly Gorone, 1 0
OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from
ш	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER many he Hale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or country) Orland	of death yrs mes ds. State yrs mes ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Margaret Horneuly	usual residence
(Address) Owned mlbs.	And ore tothe Brees Man 38 193/
7 12 3 8 6 7	20 UNDERTAKER ADDRESS
Registrai	Il to Colone Revaloratour M
If more blanks are needed, address State Registrar	,16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples : (a) additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Teal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of household only (not paid Housekeepers who receive a en at home, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as who are engaged in the duties of the For persons who have no occupation (a) the kind of work and also (b) the Salesman, Locomolive engineer, (d) persons en-Grocery; Rug

Stritement of Cause of Death—Name, first, the DISTERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Dephlieria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "ubar pneumonia. Bronchopneumonia ("Pneumonia.")

can be ascertained as the cause. Always quality all "(Exhaustion," "Heart failure, Limentumes, "Inanition," "Marasmus," "Old Age, ?" "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, tetunus) may be stated under the head of "contributory." taken. For violent deaths state means of injury "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomendature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (secondary Whooping inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," .. (name origin; "Cancer" is less definite; avoid death), 23 ds.; Bronchopneumonia (secondary), cough; Or intercurrent) Chronic Carcinoma, Sarcoma, etc., of etc. ratordar affection need The heart contributory Measles; not be dismise; death

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APR 2 1991

If more branks are needed, address Stare Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institu-tion, give its NAME in-stead of street and

number.)

(Day)

In the

DATE OF BURIAL

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, should be used only when needed. As examples: (o) Spinner, (b) Cotton mill; (o) Solesman. (b) Grocery. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servout, Cook.
Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Form laborer, without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The materia Loborer—Coal mine, etc. not gainfully emengincer, Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebraspina fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., sepsis, leta, us) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. Chronic interstitial nephritis, Whooping "Atrophy," "Collapse, Never report mere symptoms or terminal condiperitonaeum, etc., Carcinomo, Sorcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease, " "Coma," "Convulsions, etc. The contributory Always qualify all death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1931

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. C EXACTL) y chassifl (If death occurred in Ward) a hospital or institution, give Its NAME is number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED 99 WIDOWED, OR DIVORCED Write the word) (Month)(Day) That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: min.? BOCCUPATION (a) Trade, profession or particular kind of work 0 (b) General nature of industry 0 business, or establishment in (Duration) 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) yrs 10 NAME OF FATHER 0 (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether ENT CAUS TION (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs ... Every item of its CIANS should statement of OC (State or country Where was disease contracted, if not at place of death? TO THE BEST OF MY KNOWLEDGE Former or (Informant) BURIAL OR REMOVAL DATE OF (Address) If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., William laborer, Laborerwhatever, write None. to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term or without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal minc, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the Distance CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebro-pind fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

1931

permanently filed.

answered in detail, it will prevent further correspondence. All to data is essential and must be obtained before the certificate

American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The n.ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perisonitis," etc. stated unless importan+ approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. chopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemic" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condi cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease Nomenclature of the Measles; not be

V. S. No. 1

PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3D
Village or City Catonsulle (No. 407 Well 2FULL NAME Saish Jackson	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mark 12, 19231 (Month) (Day) (Year)
B DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19231. to Walk 17, 1923, that I last saw had alive on Wall 10, 1923,
7 AGE If LESS than day	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Chionie Myocardeles
which employed or (employer) 9 BIRTHPLACE (State or country) Uccl	Contributory Secondary (Durstion)yrs
10 NAME OF FATHER UUL	(Signed) Markall By Josk M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER LULA	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) James Gackson (Address) 407 While Catourville Ja	if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS
Registrar	, 16-W) Satatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coat mine, etc. woun-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Drepsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, meninges, perllonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. eausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M	item of infor-	should state	of OCCUPA-
BINDING	PERMANENT AECORD. Every item of infor-	d EXACTLY. PHYSICIANS should state	rly classiffed. Exact statement of OCCUPA-
BIN	PER	d EX	rly cl

STATE OF MARYLANI	D-CERTIFICATE OF DEATH 02027
1. PLACE OF DEATH	(131)
County Balto .	288 Registration Dist. No. 444
Village or City Colgate 455	No. Sewer Road St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Thomas & I me	1
(a) Residence: No. Sewer Road.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wi	ZI. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of CONTROLLED ST Wary 6. Jones	22. Su I HEREBY CERTICEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Seeles 185	7 last saw with the on march 2,1931; death is said
7. AGE Years Mouths Days If LESS	L.
73 7 22 day,	
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sarduel	Chrining Pavanchuy alu
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Mufohrels 1
10. Data decassed last worked at this occupation (month and year) occupation	P
12. BIRTHPLACE (city or town) Balts. Eo. (Stata or country)	Other Coutributary Causes of Importance:
13. NAME Lolus Lovel.	- Myo Caricas
14. BIRTHMACE (city or town) clld.	Name el operation North Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jennina Torrester	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) eld d.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clark Coned Colorto	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place & attraderal Serve Date Club. 16 5, 15	Manner of injury
19. UNDERTAKER Killy + Julae Due - (Address) 403 to. Swork It	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mant 14, 1931 John S. Come Regist	(Signed) (Signed) My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related ear of importance were as follows:	nses - Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis APR 6 1551	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage BUREAU V	July 5, 1927	Peritonitis	3 days ago	
	- Ł			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Duration) (Address) *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

OF BURIAL OR REMOVAL

DATE OF BURIA

ADDRESS

If more banks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the bisle EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (elanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 5 (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR MACE 16 DATE OF DEATH (Month)(Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) that I last saw h .~ (Month) (Day) and that death occurred on the date stated above, at /st. If LESS than 7 AGE The CAUSE OF DEATH was as follows: I day hrs. de. or min.? RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of Industry business, or establishment in (Duration) which employed or (employed Contributory MARGIN 9 BIRTHPLACE Secondary (State or country 10 NAME OF (Address) 11 BIRTHPLAC *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury (State or coun Accidental, Suicidal or Homicidal. 0 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) CCUI 13 BIRTHPLACE In the At place OF MOTHER of death yrs mosds. State____yrs.___mes... (State or Country) hould of or Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED Former or 20 UNDERTAKER Filed Registrar diffe State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. If more bianks are needed

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmor (reg or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Foreman, For many occupations a or At Home, and children, yrs). Farm laborer, without more precise specification as Day For persons (a) the kind of work and also (b) the (b) Automobile foctory. The material If the occupation has been changed Laborer—Coal mine, etc. who have no occupation single word or term on not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the DISEBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainidahus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "(Traemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Conna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) ean be ascertained as the cause. (Recommendations on statement of cause of Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need not be " "Marasmus, " "Old Age, " "Shock, cough; Committee on Chronic etc. valvular heart Nomenclature The contributory Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02930		
1. PLACE OF DEATH	(131)		
County Balts -	Registration Dist. No.		
Village or City Frairlaun	No. 6910 Holsberd ave St., Ward		
Longth of residence in city or town where death occurred Balloyts all high	No. G9(0 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME Laura Knevell			
(a) Residence: No. 6910 Holoberd (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Classical	21. DATE OF DEATH March 30 (Month) (Day) (Year)		
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
	December ,1930, 10 march , 193/		
5. DATE OF BIRTH (month, day, end yeer) Clay / 860	last saw hore alive on Teach 193/; death is said		
MA /A // I day,hrs.	to heve occurred on the date stated above, et3m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	were as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic Interoblise in		
10. Date deceased last worked et this occupation (month end spent in this	Doring		
year) oc:upetion	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) /3 alto clo			
(State or country)	Elevelely		
13. NAME Nobel			
(Steta or country)	Name of operation Dete of		
15. MAIDEN NAME Elizabetts?	What test confirmed diegnosis? Wes there an au opsy?		
1111	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?		
16. BIRTHPLACE (city or town)	Where did Injury occur?		
17. INFORMANT John Knovell Husband (Address) 12 2 4 D. Healland Our	(Specify or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury		
Place Call Laur Gen Date Offel 1, 1901	Nature of injury		
19. UNDERTAKER Killy + geiler Ine.	24. Was disease or injury in any way related to occupation of deceased?		
(Address) 403 18. Wolfe St. Balls.	(Signed). Adam Jod M. D.		
20. FILED 734/3/19 LMCare Registrar	(Address) 4700 Easken aue		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ExampleDCEIVE		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis URBANT	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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	Exact	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH		
(11)	4.	County & Baltman			
	₹,4	1 0, no re	Registration Dist. No.		
8	CTI 1988	Village or City Oakover (Not Sprin	Trove Marst Ward a hospital or institu-		
CORD	riy classified.	2 FULL NAME Nicholas Ko	for actual tion, give its NAME instead of street and number.)		
-	properly Coertifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ING	be be	Male a COLOR OR RACE SINGLE, MARRIED, WIDOWED, Sungle OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)		
PERMAI	25	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
BI	0 - 0	Thich 1878	lling 29 1923. 10 Mcl 19, 1981.		
R A	led. ACE	(Month) (Day) (Year)	that I last saw h malive on M. J., 1926,		
FO IS	90 aso	7 AGE If LESS than	and that death occurred on the date stated above, at 3m.		
/ED THIS	ms	53 yrs. 0 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:		
ER/	y suppain ter	a) Trade, profession or particular kind of work	On Intertitial Hephritis		
I.I	in pi	(b) General nature of industry business, or establishment in	(Durstion) vrs. mos de.		
Z	H in	which employed or (employer)	Contributory astorio - Schoolia		
MARGIN RE	ATA	9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs mos ds.		
AN	200	10 NAME OF	(Signed) NORA, E Caned M.D.		
X H	OF 8 ve	FATHER MIKENAM	Mc6 20,1923 /(Address) Catonorlle med		
C muli	10 -	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
Υ,		of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
Õ	for	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place 7 was 6 mod de State Ovrs mes de		
To	200	(State or Country)	Where was disease contracted? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
The	tot	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desth?		
2	o o u	(Informant) no prouds	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
*	Every i	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
#	Ever CIA stat	15 3/ 6/1/	20 UNDERTAKER 20 LABORESSE,		
N. N.	m	Filed 193 Registrar	Show by Entire - 1.00		
V	ż	If more branks are needly state Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons enadditional line is provided for the latter statement; is should be ased only when needed. As examples: (a) fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the single word or term on (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospirate ed term for the same disease. Examples: Cerebrospirate fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicacmia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all ", Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) approved by (ctanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Committee on Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and all questions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1 02

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PLACE OF DEATH

County Baltimore

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3.7	6	01	67	1.0

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

~	14	Annual Control
1	-	1
	din	
4	/	

	ULL NAME Susar		O., M. St.: Wa	ard) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word Widow		16 DATE OF DEATH In with (Month)	/4 , 1923/ (Day) (Year)	
6 DATE OF BI	RTH May (Month	30th, , 1 847	that I last saw har alive on Acce	attended the deceased from
7 AGE	84 yrs. S	If LESS than I day hrs. 14ds. or min.?	The CAUSE OF DEATH * was as follows	
particular ki (b) General business, or	profession or nd of work Do nature of industry establishment in syed or (employer)	mestic Duties	Cangress of lift to	<u> </u>
9 BIRTHPLAC (State or c	Pennsylva of George Johns		(Signed) Jastuce	3 ya - mos - do
OF FAT	HER or country) England		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
OF MOT	Mary Ster	ritt	of deathyrsds.	spitals, Institutions, Trans the Stategrsmosds
	IS TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Add	dress) Grays Balt		Loudon Park Cemetery	Mar 17 19 31
Filed 5	198	Alfreda	Easton Sons	Ellicott City.

If more branks are needed, advertigate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The material For many occupations a single word or term on (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup."); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. stated unless important Example: Measles (disease carbolic acid-probably suicide. The n-ture of the injury; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY ean be ascertained as the cause. Always qualify all "Inanition, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite diseasc peritonaeum, etc., cough; " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease Carcinoma, Sarcoma, etc., of etc. The contributory of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

12

PLACE OF DEATH County Balls	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 4
Village or City Stemmer Pun (No. Nortel &	St.: Ward) (If death occurred a hospital or institution, give its NAME is
2 FULL NAME Gullaves Laws	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Oct., 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fro 18 18 1931 to Make 30 1931 that I last saw h 1 alive on Mare 30 1931
7 AGE [If LESS than	and that death occurse on the date stated above, at 2 Pt
yrs. 5 mos. 25 ds. or min.?	1 10
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)
9 BIRTHPLACE (State or country) Balts & Co. ald	Contributory Proucho-pullimentics Secondary Outston Outston yes Inos 3
FATHER Lestavis Lawson St.	(Signed) Chauf Reducau M. 3-31- 131 (Address) \$507 Fact ave
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homleidal.
of MOTHER Helen all. Phillips	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER A A A A A A A A A A A A A A A A A A A	At place of deathyrsmosds. Stateyrsmosds.
(State or country)	Where was disease contracted, if not at place of death?
le - : 2 . 1 . 8	Fermer or usual residence
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Vorris Lave Stemmers Kun	Oak Low Centy afril 2. 10 30
Filed 3/3/3/92 Mllarmen	Zilly zeiler Inc. 4038. Noga de
If more banks are needed, address State Registra	r, 16 W. Sarghoga At., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. (b) Growery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Fealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. the kind of work and also (b) the Architect, Locomolive But in many The quesengineer,

Statement of Cause of Death—Name, first, the Discass Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Imphoid fever (never report "Typhoid Pneumonia"); when pneumonia, Bronchopneumonia ("Pneumonia");

"PUERPERAL septicaemia," "PUERPERAL perilonilis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepais, tetunus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL State cause for which surgical operation was under-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by rodway train or as probably such, if impossible to determine definitely FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage cough; or intercurrent) affection need not be Chronic valvular heart disease " "Old Age, " "Shock," etc. The Sarcoma,, etc., of contributory

if this certificate is looked over thoroughly and all questions anywered in defail, it will prevent further correspondence. A. I the data is essential and must be obtained before the cartificate is permanently filed.

APR 4 I

N. B.

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	PEACE OF DEATH	
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3 5	MARRIED, A	16
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	March 1854	
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o b	General nature of industry	
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RE	12 MAIDEN NAME	_
A	OF MOTHER CALLETT	18
	3 BIRTHPLACE	At
	OF MOTHER (State or Country)	of
14	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if :
	11 11 01	For
	(Informant) Joseph, IV, Teligni-	19
	Man Mark	19
600,70	(Address)	1
15	Filed 3/14/31 192 Francis HBlake	20
	Registrar	14

12934	STATE	OF	MARY	LA
	CERTIFIC	CAT	E OF	DE

Registration Dist. No.

Ward)	(If death a hospital tion, give i	or inst	itu-
	stead of number.)	street	and

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH March 14, 1921
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
March 4th 1921. to March 14th, 1921
that I last saw h the alive on march 12th, 192/, 192/
and that death occurred on the date stated above, at 12 th Pm.
The CAUSE OF DEATH * was as follows:
Heneral Parasus's -
The state of the s
Contributory Gulero A Chilerano Secondary
(Duration) yrsmosds
(Signed) The H Drack M. D
March 16 192 (Address) Cockeysour Ond
*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ients or Recent Residents)
At place
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
A Careyon Behing Cherch Cout marchy 16, 193/
20 UNDERTAKER
The distant line son this + 4 as Ind

(Approved by U.S. Census and American Public Health Association.)

definite salary), may be entered as Housewijc, House-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Scruant Cook, Housemuid, etc. If the occupation has been clanged or given up on account of the DISEASE CAUSING DEATH. laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer the ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many

Strtement of Cause of Death—Name, first, the pissean: Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebiospival fever (the only definite synonym is "Epidemic cerebioses; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report—"Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia—"("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart discase; Nomenclature of the not be etc., of

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V. S. No. 1

4	CORD	Hed EXACT	perly elass	ertificate.
	IKTHIS IS A PERM. ENT	supplied. ACE should be stated	in terms so that it may be proper	Soe instructions on back of cert
	WRITE PLACE WITH UNFADING INKTHIS IS A PERMISSING CORD	iEvery Item of information should be carefully supplied. ACE should be stated EXACT	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly elass	statement of OCCUPATION is very important, Soe instructions on back of certificate.

	1PLACE OF DEATH	02935 STATE OF MARYLAND
	County Baltimore	CERTIFICATE OF DEATH
		Registration Dist. No. 42
Vi	llage or City Arbutus (No. Vogt Aver	tion, give its NAME is -
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married Wipowed. White OR DIVORCED (Write the word)	16 DATE OF DEATH 1931 1931 1931 1932
6	DATE OF BIRTH	(Month) (Day) (Year) 17 A I HEREBY CERTIFY, That I attended the deceased from
	June 14, 1870	192/ to Max 19 , 193/
_	(Month) (Day) (Year)	that I last saw h im alive on May 18,
7	60 yrs. 9 mos. 5 ds. or min.?	and that death occurred on the date stated above, at
	a) Trade, profession or	arterio selerosis o yes
of the last	particular kind of work Retired Watchman b) General nature of industry	
E	pusiness, or establishment in Government Farehouse	(Duration) Jys. mos ds.
-	SIRTHPLACE (State or country) Baltimore	Contributory Secondary (Duration) Oyrs mos. ds.
	Meryland NAME OF FATHER Conrad Leonhauser	(Signed) M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
PARE	of Mother Sophia Fleischer	Accidental, Suicids or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	of MOTHER Baltimore, Maryland (State or Country)	At place of desthyrsmosds. In the Stateyrsmosds, Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs. Rachel Leonhauser	usual residence
	(Address) Vogt Avenue, Halethorpe	Loudon Park Semetery March 21 . 19 31
15	File Mel 20 1923 Ge Meleter	DEDISON ADDRESS 1003 West
-	If more bianks are needed, address State Registran	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (ie to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis'); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

2

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

approved by Committee on Nomenclature tetonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma," unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, If this certificate is looked over thoroughly and a l qu stlong . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. valvular heart discase; The Always qualify all ," "Convulsions, contributory Mcasles ; not be

ORD. Every item of SICIANS should state tatement of OCCUPA-	(HEALTH DEPARTMENT 1. PLACE OF DEATH CITY OF BALTIMORE: (NO63/4 Windson Mile) 2-FULL NAME MANY Lingen fe C	REGISTERED No. 1
Exact	_	(a) RESIDENCE NO. 63/4 Windsor Ma (Usual place of abode) Length of residence in city or town where death occurred yrs. 7 mos.	WARD (If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
WELL.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMAN d EXAC classified s.	10	Finale White Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, America) [0] [93] 17 1 HEREBY CHATIFY. That I attended decomposition
S A P stated operly incates		(or) WIFE of Vacol R. Lingen felter	March 5 4 1931 , 10 search 10 1001
FC be be pro		B DATE OF BIRTH (month, day, an Cost 1944855	that I last saw her alive on March 1903
ED THIS hould y be k of	-	AGE Years Months Days If LESS than	and that death occurred, on the date stated above, at. 4.40 Am.
RVE K—T E sho may back	-	75 4 2 1 day,hrs.	The CAUSE OF DEATH AN as follows:
SE TIN	1	OCCUPATION OF DECEASED	
V RES DING I lied. A so that stions o	1	(a) Trade, profession or Housewife	
GIN FAI Supplems,	1	(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY CONTRIBUTORY Contribution (Secondary)
		(c) Name of employer	(duration)yrs,mos. & ds.
MA H Tarefull plain See	1	BIRTHPLACE (city or town) (State or country)	18 Where was disease contracted if not at place of death?
EATH in important.		10 NAME OF FATHER Vachal Philips	Did an operation precede death? Date of
HEA	ALVA	II BIRTHPLACE OF FATHER (city or town)	What test confident dlag was?
PLA ion sh OF D	ARE	941 1 10	(Signed) , M. D.
E C	0	", wan is way	The state of the s
-WRITE imformatic CAUSE TION is	-	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suieldal or Homicidal. (See reverse side for additional space.)
B.—V.	1	(Address) Wordlawn MA	Wordlawn Cametery 3/13/193/
Z	1	Filed 11 31 M. N. Dup Sers Registrar	20 UNDERTAKER ADDRESS ADDRESS 1217 St Paul St
- 11			

REVISED UNIT OF STANDARD CERTIFICATE OF DEATH

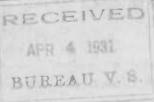
[Approved by U. S. Census and American Public Health Asso.]

Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. employed, as At school or At home. Care should be taken to report specifically the occu-"Dealer," etc., without more precis: specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not Physician, Compositor, Architect, Locomous Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the occupation at beginning of illness. If retired on account of the DISEASE CAUSING DEATH, state If the occupation has been changed or given up pations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. ary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Statement of Occupation.—Precise statement of occupation is very important, so that the from business, that fact may be indicated thus: paid Housekeepers who receive a definite saltional line is provided for the latter statement kind of work and also (b) the nature of the business or industry, and therefore an addioccupations a single word or term on the first every person, irrespective of age. For many be known. The question applies to each and relative healthfulness of various pursuits can

Statement of Cause of Death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is

toms or terminal conditions, such as "Asthenia," "Angemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. the American Medical Association. approved by Committee on Nomenclature of quences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recom-mendations on statement of cause of death by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consedetermine definitely. Examples: Accidental drowning; Struck by railway train—accident; of (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant and qualify as ACCIDENTAL, SUICIDAL HOMI-CIDAL, or as probably such, if impossible to For VIOLENT DEATHS state MEANS OF INJURY mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. less important. Example. Broncho-pneumonia valvular heart disease; Chronic interstitial ne-phritis, etc. The contributory (secondary or neoplasms); Measles; Whooping cough, chronic ges, peritoneum, etc., Carci. indefinite); Tubcrca Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from child causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere sympintercurrent) affection need not be stated un-less important. Example: Measles (disease or miscarriage as "Puerperal septicema, Sarcoma, etc., the lungs, menin-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



IT CORD	ated EXACTLY, PHYSI- operly classified. Exact certificate.	PLACE OF DEATH. County Saltemore Village or City Prhemille (No. LO 4 Saltemore) 2FULL NAME Lilliam Particulars	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) Colone of the state of
RESERVED FOR BINDING	refully supplied ACE should be stating plain terms so that it may be progrant. See instructions on back of ce	4 COLOR OR RACE 5 SINGLE. MARRIED. Widoweb. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Month) (Day) 7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	18 DATE OF DEATH March 1-9 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw he alive on about 192 The CAUSE OF DEATH * was as followe: (Duration) yrs. mos.
WRITE PLACY, TH UNFADING	Every Item of information should be caref CIANS should state CAUSE OF DEATH In statement of OCCUPATION is very importa	which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 Colombia Colombia (Address) 15 Colombia Colombia (Address)	Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yes mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Cox S	83 M O W	Filed Muh 30 193/ E & Mulhos Registran If more blanks are needed, addross Stato Registrar,	20 UNDERTAKER AUDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At hame. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Peal-(a) Foreman, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Furm laborer, Laborer-Coul mine, etc without more precise specification as For persons who have no occupation (b) Automobile Salesman. factory. The material Locomolive engineer, (4) Grovery; Wom-

Statement of Cause of Death—Name, first, the Dis-RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); whar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and eonsequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion, " "Heart failure, tracurs, "Shock, " (Inanition, " "Marasmus, " "Old Age, " "Shock, " Uraemia, " "Weakness," etc., when a definite disease malify a "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemie" (merely symptomstated unless important. Example: Measles (disease accident; Revolver wound of head -homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suncide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Committee on Nomenclature ," etc., when a definite disease Carcinoma, affection etc. The contributory valendar heart discuse; Sarcoma, need not be Measles, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permishently flied.

APR 2 1931 BURFAU V.

PLACE OF DEATH STATE OF MARYLAND County 13 alto CERTIFICATE OF DEATH ciassified Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME is stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. back OR DIVORCED do may houid Write the word) (Month) (Day) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH structions that (Day) (Year) that I last saw halive on, 192....., 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: supplied rms OCCUPATION te (a) Trade, profession or particular kind of work 9 (b) General nature of industry ä business, or establishment in Atla (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 4 70 10 NAME OF 31 FATHER O E 11 BIRTHPLACE (I) *State the Disease Causing Death, or, in deaths from OF FATHER FNA S Violent Causes, state (1) Means of Injury and (2) Whether TION (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Dr. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 1 informa 200 ients or Recent Residents) 7 13 BIRTHPLACE In the Ü At place OF MOTHER WO State. of death ____yrs.....mos. ___ (State or Country) 00 Where was disease contracted, oui it not at place of dea.h?..... Former or Sh usual res.dence CIANS PE ADDRESS 20 UN If more b.anks are needed, addre. s Ltate Registrar, 18 W. Saratoga St., Baito., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more known Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, to report first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage," "Shock," "Sh st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Novemblature of the "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. " Uracmia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases can be ascertained as the cause. Always qualify all American Medical Association:) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory

American Medical Association,

If this certificate is looked over moroughly and all questions answered in detail, it will prevent their correspondence. All the data is essential and mast be obtained before the certificate is permanently fied.

Every item of infor-IGIANS should state tement of OCCUPA-

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UNFADING INK supplied. AGE

stat UPA		—CITY OF BALTIMORE
n of noorld	Balto, Co. Md. CERTIFICATI	E OF DEATH. (3) State of Md
very iter LANS shannent of	1-PLACE OF DEATH Town of CHY OF BALTHMORE: (No Malewylde	REGISTERED NO
RD, E	6011 Turbodos	RA want
Xac P	(a) RESIDENCE NO	(Il non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
HER	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACA	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) 3/10/3/
ERMAN ated EX erly classificates.	Male White Married 5a If married, widowed, or divorced HUSBAND of (a) WIFF of Sarah McKinley	17 I HEREBY CERTIFY, That I attended deceased from Mark 5, 1931, to Mark 9, 1931,
e st prop	6 DATE OF BIRTH (month, day, and granu 28 th, 1897	that I last saw ham alive on Manda 4 , 1931,
of of	7 AGE Years Months Days If LESS than	and that death occurred, on the date stated above, at 12/0 m. The CAUSE OF DEATH* was as follows:
rent	34 / 2 l day,hrs.	Rolan Gneumma
AGE shot it not be that it not be that it not be thing on be the thing of the thing	8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry,	Ch. Myrendets — Ch. Intentitue neghots. (duration) yrs. mos 4 ds.
lied.	business, or establishment in which employed (or employer) /4/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	(Secondary)
NEA terre e in	(c) Name of employer Ox P/2l Co	(duration)
Sea Se	9 BIRTHPLACE (city or town) Sulfo Ma	If not at place of death? Date of Date
WI aref in tan	10 NAME OF FATHER OS 2 Jul Mc Kinley	Was there an autopsy?
E A LI	11 BIRTHPLACE OF FATHER (city of town) (State or country) (State or country)	What test confirmed diagnosis? Church fully (Signed)
LA oulc F D	12 MAIDEN NAME OF MATHERY HEUSICK	nol9, 192/ (Address) 30/ Shouden L
ITTE P lon sh USE O	13 BIRTHPLACE OF MOTHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidentai, Suicidal, or Homicidal. (See reverse side for additional space.)
.—WR mati CAU TIO	Informant Margaret Mc King Cry (Address) 604 Timbridge Rd	19 PLACE OF BURIAL, CREMATION OR RE- DOVAL Presby Eurofury 3/13/193,
(F)	15 Auch 11 my Mu P Buther	20 UNDERTAKER ADDRESS

Registrar

[Approved by U. S. Census and American Public Health Asso.]

ice for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed or given up on receive a definite salary) may be entered as House-wife, Housework or At home, and children, not gainfully employed, as At school or At home. pation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occuaccount of the disease causing death, state occuoccupations of persons engaged in domestic serv-Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoto know (a) the kind of work and also (b) the nature of the business or industry, and therefore Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, respective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the relative pation whatever, write None. without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. mobile factory. The material worked on may form an additional line is provided for the latter stateespecially industrial employments, it is necessary Care should be taken to report specifically the Statement of Occupation.—Precise statement of

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all nature of the injury, as fracture of skull, and consequences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recommensoned by carbolic acid-probably suicide. dental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poi cmal homicidal, or as *probably* such, if impossible to determine definitely. Examples: Acci MEANS OF INJURY and qualify as ACCIDENTAL, SUIas "Puerperal septicemia," "Puerperal peritoniascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conor terminal conditions, such as "Asthenia," "Anæease causing death), 29 ds.; Broncho pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. interstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic gin "Cancer" is less Medical Association. by Committee on Nomenclature of the American dations on statement of cause of death approved tion was undertaken. For violent deaths state ondary or intercurrent) mor" for malignant in State cause for which surgical operalasme); Measles; Whoopefinit Example: Measles (dis-The contributory (secaffection need not be avoid use of "Tu-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



V. S. No. 1

PLACE OF DEATH	02940 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH Registration Dist. No. 33
Village or City Ournys wells (No	Ward) Wa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single Windowed OR DIVORCED (Write the word)	16 DATE OF DEATH Musch 6 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH (Mogh) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 6 1931. to March 6 1931.
7 AGE If LESS than day hrs. 19 ds. or min.?	and that death occurred on the date stated above, at 8:45 P. r.
B OCCUPATION (a) Trade, profession or Innate particular kind of work Rosenard State	Status Epilepticus
(b) General nature of industry Training School business, or establishment in Ouring wills which employed or (employer)	(Duration)yrsmos
9 BIRTHPLACE (State or country) West Virginia	Contributory Secondary (Durstion) yrs
10 NAME OF Louis R. Martin	(Signed) George C. Medairy M. M. Mara 6 1981 (Address) Ourne Strulls me
11 BIRTHPLACE OF FATHER (State or country) Unaryland	*State the I is ase Causing Death, or, in deatha from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rose a. Moran	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death / yrs 4 mos /2 ds. In the State / 4 yrs 9 mos / 9.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Rosewood State Training (Address) School owings mills, and	19 PLACE OF BURIAL OF REMOVAL SPATE OF BURIAL DESTRUCTION OF STATE OF S
Filed Justice 19231 SYNGSlauda) Registral	of Defraker Course ton Jos Holling
If more banks are needed, address btace Kegistra	W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

g gcd in domestic service for wages, as Screant, Cool. Statement of Occupation-Precise statement of occupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed er," etc., without more properties. Wom-loborer, Form laborer, Loborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, c. g., Farmer or Planter, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). man, (b) Automobile foctory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the pus-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral Tever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on Cletanus) may be stated under the head of "contributory." unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; Examples: Accidental drowning; Struck by roilway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

County (1) alterna	CERTIFICATE OF DEATH
	Registration Dist. No. 452
Village or City Holes Cherges May .	St.: Ward) St.: Ward) a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. WA' Alen OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from
Month) (Day) (Year)	that I last saw han alive on March 1527
64 yrs. 5 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	· ·
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs, mos d
9 BIRTHPLACE (State or country) The	Contributory Secondary (Duration)
10 NAME OF FATHER Your Magatenta	(Signed) ASTONSON M. I. When 4 1981 (Address) The strope
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER VILLIAM	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsds. Stateyrsds. Stateyrsd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) Mach Mayatenta	19 PLOCE OF BURIAL OR REMOVAL DATE OF BURIAL Landon Park Carp Mars 24 193
15 M. 123 1, A Suffel	DEO UMODERTANTER O ADDRESS

02941 STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Hausewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Famer freor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At hame. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nane. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Hame, Physician, Compasitar, Architect, For many occupations a single word or term on Wrs). Farm labarer, Laborer -- Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation and children, not gainfully em-Lacamotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tclanus) may be stated under the head of "contributory." diseases resulting from childbirth or misparriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convutsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., scpsis, carbalic acid-probably suicide. The nature of the injury, accident; Revalver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drawning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis af lungs, men-(secondary or intercurrent) affection need not be American Medical Association.) perilonaeum, etc., Carcinama, Sarcoma, etc., ol Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; Chronic valvular heart disease etc. The contributory Measles ; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

County Galto	© CERTIFICATE OF DEATH
Village or City Colgate (No. Fairview of 2FULL NAME Les. P. 776	Registration Dist. No/ An eastern first: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3/1/3/, 192
6 DATE OF BIRTH Feb. 1862, 1 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I Strended the deceased from Security 101981 to Security 1981 that I last saw h simplify on Smooth 11, 1981
7 AGE If LESS than I day hrs. or mid-	
(a) Trade, profession or particular kind of work (b) General nature of industry	Prostate gloud 6
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) S. Wilson M. D. M. D. W. 17. 1931. (Address) B. W. Bridle X. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country) 12 MAIDEN NAME OF MOTHER ()	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Maggie Melle (Address) Fairnia Christian (Address) Maranen 1	if not at place of death? Former or usual residence. 19 PLAGEOP BURIAL OR REMOVAL 20 UNDERTAKER DATE OF BURIAL ADDRESS 2010
Filed 0//73/192 1/100000000000000000000000000000000000	11 halle Cherry 4 Wallenn by

If more bianks are needed, address State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

V. S. No. 1

BINDING PERMAN

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UNFADING INK--THIS MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (o) Salesman. (b) Groccry; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, House nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serunt, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-For many occupations a single word or term on yrs). Farm loborer, At Home, and children, without more precise specification as Day For persons who have no occupation Laborer--Coul mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection necessis (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Debility" tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," unqualified, is indcfinite); Tuberculosis of lungs, men-Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on cough; Chronic ociation.) statement of cause of valvular heart Nomenclature Always qualify all

If this certificate is boked over proughly and all questions answered in detail, it will present further correspondence. All the data is essential and must be obtained before the certificate is permanently filed



N. B.-

PLACE OF DEATH County Baltimee	02943 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or College Modelless (No. Tolless /	Registration Dist. No. 4/ St.: Ward) Ward) Merrett Registration Dist. No. 4/ (If death occurred ir a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal 4 COLOR OR RACE 5 SINGLE, MARRIED LATTED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 6 , 1931
6 DATE OF BIRTH Quy 16, 1852 (Month) (Day), 1852 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Server 192 to 192 that I last saw h & alive on March 6 192 t
7 AGE 78 yrs. 6 mos. 18 ds. If LESS than 1 day hrs. or min.?	The state of the s
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds, Contributory Secondary Out of the second
10 NAME OF FATHER GOT GOT FATHER OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME OF FATHER (State or country)	(Signed) 193 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Constitute C Stansbury 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
(Informate) Leften 5 Merrett for (Address) James Point for d	if not at place of dea.h?
Registrar If more bianks are needed, address Ltate Registrar	16 W. Saratoga St., Balto., Equesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The valvular heart disease; Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA-

BIND

FOR

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Exact statem	2-FULL NAME Hol Give Still bir (a) RESIDENCE No. 18 Holb ON (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	tion, give its NAM instead of street an number.) ST., WARD (If non-resident give city or town and State) ds. How long in U. S., If of foreign birth? yrs. mos. ds
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
classi tes.	Male Lower of Divorced, (write the word) Husband of (or) WIFE of	16 DATE OF DEATH (month, day, and year) 17 1 HEREBY CERTIFY, That I attended deceased from March. 14, 19. 3.1, to March. 16. 19. 3.
47 44	DATE OF BIRTH (month, day, and year) March 6 3 3 AGE Years Months Days If LESS than I day,hrs. ormin.	and that death occurred, on the date stated above, at The CAUSE OF DEATH* was as follows:
plain terms, so that	(a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer BIRTHPLACE (city or town)	(duration) yrs. mos. CONTRIBUTORY (Secondary) (duration) yrs. moa. 18 Where was disease contracted if not at place of death? Date of
ENTS	10 NAME OF FATHER GEORGE Mogg, 11 BIRTHPLACE OF FATHER (city or town) (State or country) 12 MAIDEN NAME OF MOTHER Helen Smilk	Was there an autopsy? What test confirmed diagnosis? (Signed) , M. , 19 (Address) *State the Disease Causing Death, or in deaths from Violent Causitate (1) Means and Nature of Injury, and (2) whether Acciden
Very PARE	13 BIRTHPLACE OF MOTHER (city or town)	Suicidal, or Homicidal. (See reverse side for additional space.)
CAUSE OF DE TION is very i	(State or country) ned 1	Suicidal, or Homicidal. (See reverse side for additional space.) 19 PLACE OF BURIAL, CREMATION OR RE- MOVAL 19

[Approved by U. S. Census and American Public Health Asso.]

occupation whatever, write None. from business, that fact may be indicated thus: or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer, "Laborer," "Foreman," "Manager," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business freman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, or term on the first line will be sufficient, e. g., spective of age. For many occupations a single word question applies to each and every person, irrehealthfulness of various pursuits can be known. The occupation is very important, so that the relative Farmer (retired, 6 yrs.). For persons who have no state occupation at beginning of illness. If retired in domestic service for wages, as Servant, Cook report specifically the occupations of persons engaged At school or At home. Care should be taken to form part of the second statement. Never return Automobile factory. when needed. As examples: (a) Spinner, (b) Cotton trial employments, it is necessary to know (a) the Statement of Occupation .- Precise statement of The material worked on may Compositor, Archi-"Dealer," etc.,

toneum, etc., Carcinoma, Sarcoma, etc., of indefinite); Tuberculosis of lungs, meninges, peri-Bronchopneumonia ("Pneumonia," unqualified, is same accepted term for the same disease. respect to time and causation), using DISEASE CAUSING DEATH (the primary affection with (avoid use of "Croup"); Typhoid fever (never re-"Epidemic cerebrospinal Cerebrospinal fever (the only definite synonym is (name origin; "Cancer" is less definite; avoid use of Statement of Cause of Death .- Name, first, the "Typhoid pneumonia"); Lobar pneumonia; meningitis"); always the Diphtheria Examples:

> INJURY and qualify as ACCIDENTAL, can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemorsymptomatic). "Atrophy," "Coilapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (second-"Tumor" for malignant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; the American Medical Association.) death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to undertaken. "PUERPERAL diseases resulting from childbirth or miscarriage, as "Uremia," "Weakness," etc., when a definite disease vuisions," stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), septicemia," "PUERPERAL peritonitis," For VIOLENT DEATHS State MEANS SUICIDAL, HO



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Bull Registration Dist. No. Village or City Beckley's Guarles (If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX OR DIVORCED (Write the word) That I attended the deceased (Day) (Year) and that death occured on the date stated abave, at ... IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE 10 NAME OF *State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER TIOL (State or country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ccup/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER . yrs...... ds. State..... yrs.....nios..... of death (State or country) Ö Where was disease contracted, 0 if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIAMS sho statement Former or (Address) Bowleys Guarten 20 UNDERTAKER Registra If more blanks are needed, address Stave Registrar, 16 W. Sarataga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Doy Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plonter, tired 6 yrs). business, that fact may be indicated thus; Farmer restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House laborer Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Forcman," "Manager," "Deal-Physicum, whatever, write Nouc. to report specifically the occupations of persons en-Housemuid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wam-Compositor, Architect, Locomotive engineer, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material

s inal meningitis"; Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid ferer (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Branchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telimis) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicida. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory Sureoma., etc., of

data is essential and answered in detail, it will prevent data is essential and must be If this certificate is looked over



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomative engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farnicr (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Aecidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	02947 STATE OF MARYLAND
PLACE OF DEATH	STATE OF MARYLAND
County Bally	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City Que (No.	St.: Ward) (If death occurred in
	a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 108 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
marel 13 1931	Smal 13 1981. to mad 16, 1/27,
(Month) (Day) (Year)	that I last saw I A alive on May 198 198
7 AGE [If LESS tha	and that death occurred on the date stated above, atm
l dayhr	
yrs. mos. ds. or min.	
B OCCUPATION (a) Trade, profession or	fremaly Dutly
particular kind of work	
(b) General nature of industry business, or establishment in	3.
which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs, mos de
10 NAME OF	201
FATHER John & Surran	(Signed) M. D.
IN II BIRTHPLACE	(Address) AV 200 (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Beach & Goune	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1 0 10	Former or usual residence
(Informant) Goly & Mun	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Granty And	ant Oleve Com & Snag 18 1931
15 Filed June 16 1981 Hom 7 Shifth	20 UNDERTAKER Sons Client at
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-lahorer, Farm laborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. 6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost, in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic Committee on Carcinoma, Sarcoma, etc., of Example: Measles (disease chopncumonia (secondary), etc. valvular heart Nomenclature The contributory Measles; disease;

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V. S. No. 1

B.

12. BIRTHPLACE (city or town)

13. NAME

19. UNDERTAKER

(Address)

20. FILED...

FATHER

MOTHER

(State or country)

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town)
(Stete er country)

Ł	9 1	STATE	OF MARYLAND	CERTIFICATE OF DEATH 1120AS
y item of i	item shou of O	1. PLACE OF DEATH County Belling Village or City Place Length of residence In city or town w	dallstown	Registration Dist. No. 3/
RMANENT RECORD. X A C T L Y. PHYSI classified. Exact state.	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	classified.	5a. If married, widowed, or divorced HUSBAND of (or) WHYE of 6. DATE OF BIRYH (month, day, and year) 7. AGE Years Month.	C, Melson Jur. 30 1859	21. DATE OF DEATH (Month) (Day) (Yaar) 22. I HEREBY CERTIFY, That I attended deceased from 193/, to Mar. 193/; death is said to have occurred on the date stated above, and A. m.
INK—THIS IS A	E should be stated E at it may be properly s on back of certificate	8. Trada, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at this occupation (month and year)	9 // l day,hrs.	

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Mannar of injury

24. Was disease or injury in any way related to occupation of deceased? 100

(Address) Para Land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	BUREAU Y.S.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1_week ago = 3 = 2
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Of contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

ADDITIONAL BLACE FOR	FULLIER STATEME	ANTS DI THIBIOTAN	Si
			1.9

Exact

Vi

3

6

7

PLACE OF DEATH

County Baltimore	3/			
Sheppard and Enoch Pratt Hosp	ital Registration Dist. No.			
liage or City TOWS On (No. M. 2FULL NAME SAMUE NE.	St.: Ward) (If death occurred in a hospital er institution, give its NAME instead of atreet and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE 5 MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Westle 5 , 193/ (Month) (Day) (Yesr)			
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mey 3 192 8 to Merch 5 , 193 , that I last sow h livealive on Merch 5 , 193 ,			
AGE	The CAUSE OF DEATH * was as follows:			
OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Ulestruction (Durstion) yrs mos ds.			
BIRTHPLACE (State or country) 10 NAME OF FATHER LEOPOLD Newburgh 11 BIRTHPLACE	(Signed) 192 (Address) TOWS On, Lide			
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.			
12 MAIDEN NAME ESTEE WOSES 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
OF MOTHER (State or country)	of death dyrs. M. mos. O.ds. Stateyrs			
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? We York City			
(Informant) Hospital Records	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ant 16/100 (2000), 1931			
File Allusche 6 1923/ Wet, P. Barte Registras	Deph Soudklim Place			
15 more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

02949

(40)

STATE OF MARYLAND

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from taborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Aever return 'Laborer," "Foreman," 'Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enet ..., 6 yrs). For persons who have no occupation For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many 6 material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonueum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (e.g., sepsus, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary approved by Committee on Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuperculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephrilis, cough; Chronic or intercurrent) etc. valirulor heart disease; affection need not be Nomenclature The contributory

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BINDIN

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

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V. S. No. 1

BINDIN

RESERVED

MARGIN

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should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid *Housekcopers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more previous of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servini, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the Architect, Locomotive engineer, Farmer (re-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the ed term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary Whooping accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is loss definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., interstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, valvular heart disease; etc. The contributory etc., 01

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent, further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

If more banks are needed, addross State Registrar, 16 W. Sarayega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: 'a) state occupation at beginning of illness. If retired from to report specifically the occupations of persons enen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Pealtion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, House household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The m. (eria Laborer-Coal mine, etc Wom-Lacomotive (b) Gravery engineer,

Streement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); obar pneumonia. Bronchopneumonia ("Pneumonia").

as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease enges, peritonacum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenelature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; Chronic American Medical Association.) (secondary Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, or intercurrent) valvular heart etc. affection The contributory nced not be diseuse;

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permanently filed.

APR 7 193

S. No. 1

6

N. B.

PLACE OF DEATH	02953 STATE OF MARYLAND
County BOULE	CERTIFICATE OF DEATH
A	Registration Dist. No. 33
Village or City W (No	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Kearey. D.	tion, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Markied, Wildowed. Gungle (Write the word)	16 DATE OF DEATH 11ch 10 th, 1921
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I lest saw halive on, 192
7 AGE [If LESS than	
2 9 yrsmos de. dayhrs. ormin.?	The CAUSE OF DEATH , was as follows: Ministral
8 OCCUPATION (a) Trade, profession or	would clear case of
particular kind of work (b) General nature of industry	suicide
business, or establishment in	(Duration) yrs mos ds
which employed or (employer)	Contributory
(State or country) Mayell and	Secondary
TO NAME OF FATHER SOLMULE S. Pelle	(Signed) Which I da late trong to
O OF FATHER	MOCIO 1.192/ (Address) / Regulon My.
Z (State or country) Mayland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Launa F. Bandus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Samuel S. Pell	Former or usual residence
(Address) Rustinton MC	Johns Gemeley Mar 12, 5931
Filed Wareh 10, 1981 H. W. Shade: Registrar	A F Elmi Ristuston MA
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day Compositor, Architect, who are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary Whooping cough; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage Ameridan Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby or intercurrent) Committee on Nomenclature of the Chronic affection etc. The contributory valvular heart need not be Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County Sattumer Co.	02954 STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City WATE MULINE COO.	St: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3/21/3/, 192 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h sawalive on 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/
7 AGE If LESS than	
47 I day hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Folar meunia
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 6 ds.
9 BIRTHPLACE (State or country) norfolk Va	Contributory Secondary (Suration) yes mon de
10 NAME OF FATHER Unform	(Signed) X 1 2 5 50.PL
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Spannis Pt P.O.	asbury Centary Mar 24, 193/
15 Filed Man 23 1923 Jef All (m) ex MD	Mrs alliate Gaets
If more blanks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

12

(Approved by U. S. Census and American Public Health Association.)

Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary, may be entered as Housewift, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of laborer, Foreman, For many occupations a yrs . Farm laborer, without more precise specification as Day (6) For persons who have no occupation Automobile factory. The material Laborersingle word or term on -Coal minc, etc. persons en-Grocery; Wom-

Spinal meningitis"); Diphtheria (avoid use of "Croup")
Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospingi EA :: CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis time and causation), using always the same accep-(the only definite synonym is "Epidemic careling pneumonia, Bronchopneumonia ("Pneumonia,"

> a American Medical Association.) approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; Chronic valvular heart disease etc. The contributory Nomenclature

data is essential and must be obtained before the certificate is permanently filed. ans It this certificate is looked over thoroughly and all questions wered in detail, it will prevent further correspondence. All the

	PLACE OF I	DEATH		12955 STAT	E OF
•	County Baltin	nore		(181) CERTIF	FICAT
Vill	age or City Pa	rkville	(No. 8201 <u>Ha</u>	rford Road St.:	War
	² FULL NA	ME THOMA	S REICHERT	***************************************	
	PERSONAL A	ND STATIST	ICAL PARTICULARS	MEDICAL CERTI	FICATE
3 S		LOR OR RACE	MARRIED, WIDOWED, OR DIVORCED (Write the word)	******************************	h 17
	PATE OF BIRTH		12th , 1848	17 I HEREBY CERTIFY, 1925. that I last saw h alive on	That I a
7 A		yrs. 2.	If LESS than I day hrs. 5 ds. or min.?	and that death occurred on the cause of DEATH * was as	date etati follows:
Pi (le	CCUPATION Trade, profession articular kind of w Congress, or establish thich employed or (congress) Congress, or country)	ork f industry ment in		Contributory Secondary (Dur	C
	10 NAME OF FATHER Un	known		(Signed) 736 2	1
ENTS	OF FATHER (State or country	o Unk	nown	*State the Disease Csusi Violent Causes, state (1) Me Accidental, Suicidal or Homleidal.	ng Deat
PARE	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Unkno		18 LENGTH OF RESIDENCE (I ients or Recent Residents) At place of death yrs mos ds.	
14	(State or Country		T OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
			ford Road	St. Johns Luth. C	
15	Filed 3/19	19231	4. O. Fut M. O. Registrar	Frederik Lassalm	Park

02955 STATE OF MARYLAND E OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME la-stead of street and

OF DEATH

numbar.)

h (Day) tended the deceased or, in deaths from njury and (2) Whether itals, Institutions, Transate.....yrs......mos... DATE OF BURIAL Mar. 20, 1931 ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (re-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Former (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a Or. yrs). Farm laborer, Laborer-Coal minc, etc. Wom-At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. If the occupation has been changed single word or term on not gainfully em-The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid letanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainperilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The valvular heart disease; Nomenclature contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed

(M	Exact		PLACE OF DEATH County Baltimore
1	Y, P	1	0+.11

02957 STATE OF MARYLAND

CERTIFICATE	OF	DEATH
Paristantian D	ina Ni	- 3-5-

1	0+.1+	Regi	istration Dist. No. 95	
Village or	City OMA (No.	Sta	Ward) (If death occurs a hospital or intion, give its NAM	nstitu-
	2FULL NAME / / athaniel Shane	is fevell	stend of strest number.)	and
PER	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF	FICATE OF DEATH	
Mal	R White Widowed (Write the word)		6 , 193 onth) (Day) (Ye	3/
6 DATE OF	august 26, 1/847	Van Is.	That I attended the deceased to Mar 43, 1	od /
7 AGE	(Month) (Day) (Year	and that death occured on the da	ite stated above, at 7.457	4
	83 yrs. 6 mos. 18 ds. or min.?		follows:	
	to Ne, profession or Detveld farmer	Carono 14	yocarhib	0
(b) Gene business	eral nature of industry , or establishment in mployed or (employer) (2)	(Der	ration) yrs. 24 moe	ds.
BIRTHPI	LACE of country) . I	Contributory Secondary	region) 83 yrs. 6 mos.	8 de
10 NA	THER James Dewell	(Signed) (Address) (Address)	Glover !	M. D.
E OF	FATHER (tate or country) Reduces Ireland		ng Death, or, in deathe frans of Injury and (2) whet	rom
12 MA	MOTHER GILLE Brases	18 LENGTH OF RESIDENCE (F		
OF	MOTHER State or country)	At place of deathyrsmosds.	In the State yrs. mos.	ds.
	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
(Infor	mant) Mrs. Esther Chipman	Former or usual residence	/AL DATE OF BURIL	AL
	(Address) Glen Pock, Ta	Ashland Preshyteria	mehid .	93/
Filed	3/17/3/192 Samuel Smiller	29 UNDERTAKER AM Lo Broken & Se	W Sparks	ma

If more blanks are needed, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PEVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

7 . 3 N

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, o. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupationwhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, Mever return 'Laborer," "Foreman;" "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material who are engaged in the duties of the and children, not gainfully em-Laborer-Coal mine, etc. -Precise statement of oc-Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospindi Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec "uphoid fever (never report "Typhoid Pneumonia" obar (the only definite synonym is "Fpidemic cerebrapneumonia, Bronchopneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury stated unless important. (secondary or intercurrent) affection need not inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., o approved by as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstil'al nephrilis, Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A) the data, is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

	E OF DEATH		0.000	STATE OF	MARYLAND
County	Callemor	- Teriamone	107-0		E OF DEATH
Village or Ci	LL NAME COM	Riggin	Grove St	Registration	d) (If death occurred a hospital or instition, give its NAME stead of atreet number.)
PERSO	NAL AND STATISTICA	L PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
male.	1, 10	SINGLE, MARRIED, WIDOWED, DIVINGED Write the word)	16 DATE OF DEATH	1 reh	25 ⁴ , 1923
6 DATE OF BI	March (Month)	(Day) (Year)		CERTIFY, That I a	ttended the deceased f
7 AGE	62 yrs. O mos	If LESS tha I day hr	. The CAUSE OF DEAT		ed above, at 230A
particular ki	rofession or Lack nd of work Lack nature of industry	bore	Brons	Rs Pn	Character of the Contraction of
which emplo	establishment in yed or (employer)		Contributory	(Duration)	yrs. mos.
which employ BIRTHPLAC (State or c) 10 NAME FATHEF 11 BIRTHP OF FAT (State	pyed or (employer) Epuntry) OF September 1 LAGE HER or country)	Réggens	Secondary (Signed) (Signed) 192	(Address)	moe moe
which employ BIRTHPLAC (State or complete	pyed or (employer) Epuntry) OF C C C C C C C C C C C C C	Réggins Pasler Pasler	(Signed)	(Address) (Address) (Siesse Causing Death ate (1) Means of or Homicidal. SIDENCE (For Hospisidents) In the Stracted of the	mos M Manual M h, or, in deaths from Injury and (2) Whether
which employ BIRTHPLAC (State or complete of the complete of	pyed or (employer) Epuntry) OF LAKE HER OR COUNTRY) N NAME HER PLACE HER R COUNTRY) IS TRUE TO THE BEST OF	Réggens Paslet MY KNOWLEDGE	Secondary (Signed) *State the D Violent Causes, st Accidental, Suicidal 18 LENGTH OF RE ients or Recent Re At place of death	(Address) (Address) (Address) (Sale (1) (Address)	mos M.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farme state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros, include fever (the only definite synonym is "Epidemic cerebros, pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicacmia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease affection need not be etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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and the same	ORD	ACTLY,
	INT ECC	properly of certifical
DINDING	PERM	chould Be
202	IS A	ACE that
MARGER ATTREAVED FOR BINDING	VRITE PICINLY WITH UNFADING INK-THIS IS A PERMITTION ECORD	Item of information should be carefully supplied. ACE should be stated EXACTLY, its should state CAUSE OF DEATH in plain terms so that it may be properly elastified ment of OCCUPATION is very important. See instructions on back of certificate
112 2194	NFADING	d be carefu DEATH in p
JIAI	WITH U	CAUSE CF
	INLY	f inform d state
	VRITE F	S should

rysi- Exact	PLACE OF DEATH	02959 STATE OF MARYLAND
T. W	County Sattimore	CERTIFICATE OF DEATH
>==	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Registration Dist. No. 3
XACTI sassi	Village or City Lactory ave. (No. Muller	Ward) (If death occurred in a hospital or institution, give its NAME i.
1 11 0	2FULL NAME / George M. 12	stead of street and number.)
stated properly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S e s	Wale White Single, Married, Doubt, Willowed. OR DIVORCED BLOOW; (Write the word)	16 DATE OF DEATH March 25, 193/
hould t may on ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
5 + 0	2 2 1 4	, 192, 192,
ACE that tlon	(Month) (Day) (Year)	that 1 last saw halive on, 192,
. 2 3	7 AGE If LESS than I dayhrs.	
upplied terms ee instr	about 60 yrs. mos. ds. or min.?	The GAUSE OF DEATH * was as follows:
upp ter ee i	8 OCCUPATION (a) Trade, profession or /	
plain nt. Se	particular kind of work Source Rubw (b) General nature of industry	
	business, or establishment in	(Durstion)yrsds.
be carefu EATH in Importar	which employed or (employer)	Contributory
be c EAT Imp	(State or country)	Secondary
200	10 NAME OF FATHER	(Signed) Duration (Sorones) M.D.
CF CF S ve	11 SIRTHPLACE	192 (Address) Jourson M. D.
S S S	OF FATHER Z (State or country)	*State the Disease Causing Death or in deaths from
CAU	D. 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T. S. A.	of Mother	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
state CCU?	13 BIRTHPLACE OF MOTHER	At place In the
420	(State or Country)	of deathyrsds. Stateyrsds. Where was disease contracted,
20	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
6 8 5	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
TA TO	(Address)	Prospect Hell Ceny, March 30, 1936
CIN	15 Filed March 27 1931 Wir P. Butter	29 UNDERTAKER ADDRESS
m	Del Registrai	John Burns Sous Vowiou MA
	If more banks are needed, address tate Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective ci business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"E haustion," "Heart tanue,
"Gold Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n.ture of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease Measles;

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of street and

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loborer, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (o) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a or At Home, and children, yrs). Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation Laborer-Coal mine, etc. Wom-Salesman. (b) single word or term on Locomotive engineer, not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinul fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Trantition," "Weakness," etc., when a definite disease "Exhaustion," "Heart Tanure, "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds., Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid inges, peritonocum, etc., American Medical Association.) approved by Committee (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, meninterstitial nephritis, cough; Chronic valvular heart disease, Coreinoma, Sarcoma, on etc. Nomenclature The contributory

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> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, approved by as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart Measles; disease;

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N. B.+

No. 1

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	ECOR	ted EXAC perly classertificate.
MARGIN RESERVED FOR BINDING	WRITE PLANLY WITH UNFADING INK-THIS IS A PERMANT COR	Every Item of Information should be carofully supplied. ACE chould be stated EXAC CIANS should exist CAUSE CF DEATH In plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.

County Ballorine	CERTIFICATE OF DEATH Registration Dist, No.
Village or City Towar (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 13, 1981
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw him alive on meh 1 h 1982.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: Mys Corderle Susufficience
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Backey Personne	Contributory attens Dellasses Secondary Remulator (Duration) & yrd mos. ds.
10 NAME OF FATHER UT / Hours	(Signed) Daniel of of Tho Jenefer M. D.
OF FATHER Z (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME 4 OF MOTHER /	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 7 \ //	At place of deathyrsmos,ds. Stateyrsmosds. Where was disease contracted,
(Informant) Edw. Hudefell	if not at place of dea h?
(Address) 100 is parblusey eyes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mand 12/19 81
Filed Alaseles 1921 Ar. P. Such Registras	Loty Guns one Torisms
If more blanks are needed, addre.s tate hegistrag	16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DISALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrosis inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typbeid Pneumonia"; Lobur pneumonia, Bronchopneumonia ("Pneumonia");

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"E:haustion," "Heart failure," "Haemorrbage,"
"Inanition," "Marasmus," "Old Age," "Sbock,"
"Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJU.:Y State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Com2," "Convulsions, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

1	-	V	-	4	
(K	2	-	a	A	
600	2	1	Ε.	1	

20 UNDERTAKER

George

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoger

J. Ruth, Inc.

Balto., Requesting V. S. No. 1.

Village or City Catonsville, Mano. No.7-Ridge Road

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

ADDRESS

1735-Harford

ish

D STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ite 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH M. 13 1, 198 (Month) (Day) (Year)
(Month) (Day) (Year) (Month) (Day) (If LESS than 1 day hrs. or XXXX)	THEREBY CERTIFY, That I attended the deceased from MCU - 1-3/192 to MCU - 13-, 198 , that I last saw have alive on MCU - 12 198 , and that death occurred on the date stated above, at Mc m. The CAUSE OF DEATH * was as follows:
or Retired industry lent in apployer)	Contributor allerin Scherario
Baltimore, Md.	Contributory Secondary Secondary Puration Outline Out
Joseph Rush	3-17 103 ((Address) 806 y Feellow evi
France	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Sophia Rush	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
France TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, if not at place of death?
Wrenk T Parr	Former or usual residence
No.7-Ridge Rd. Catonsvil	Loudon Park

							4.00
	PERSO	DNAL AND	STATISTIC	CAL P	ART	icu	LARS
3 5	EX		OR RACE	MARE	RIED.		idower
3.1	ale	Whi	te	OR D (Write			
3 [ATE OF B	IRTH					
		00	tober]	9th	,		, 1854
		***************************************	(Month)		(Day	•)	(Year)
7 6	GE						If LESS than
		-			00		1 day hrs
		76 yrs	в. <u>4</u> п	108	22	ds.	or XXXX
-	CCUPATIO	N					
1	a) Trade,	profession or			D	ati	red
) (p	a) Trade, p articular k	profession or ind of work	1		Re	eti	red
) (p	a) Trade, particular k b) General	profession or ind of work, nature of in	dustry	\$40.00 (100 0 0 0 min)	Re	eti	red
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POBN	a) Trade, particular k b) General usiness, or which employed	profession or ind of work, nature of in- establishmen oyed or (empl	it in	***************************************	Re	eti	red
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) (b	a) Trade, particular k b) General usiness, or hich emplo	profession or ind of work, nature of in- establishmen oyed or (empl : E country)	it in	imor			
(P)(bv	a) Trade, particular k b) General usiness, or hich emplo	profession or ind of work, nature of in- establishmen oyed or (emplescountry)	Balt:		е,	Md	
POBN	a) Trade, particular k b) General usiness, or hich emplo (State or FATHE	profession or ind of work nature of in- establishmen oyed or (empl country)	it in loyer)		е,	Md	
p (b)	a) Trade, particular k b) General usiness, or hich emplo ustrate or (State or 10 NAME FATHE	profession or ind of work, nature of in- establishmen oyed or (empl Ecountry) OF R	Balt:		е,	Md	
D C D D D D D D D D D D D D D D D D D D	a) Trade, particular k b) General usiness, or which emploise the control of the c	profession or ind of work, nature of in- establishmen oyed or (empl Ecountry) OF R	Balt:	oh R	e,	Md	s
ENTS A	a) Trade, particular k b) General usiness, or which emploise the control of the c	profession or ind of work, nature of inestablishmen oyed or (emplement) OF R PLACE THER or country)	Balt:	oh R	e,	Md	s
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) (b	a) Trade, particular k b) General usiness, or chich emplo (State or (State or FATHE 11 BIRTHI OF FAT (State OF MO	profession or ind of work, nature of inestablishmen oyed or (employed or (employed or (employed or oyen)) OF R PLACE THER OF COUNTRY) EN NAME THER	Balt:	oh R	e, Eusl	Md	6

Mrs. Frank T. Parr

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Cool mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH etc., report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebris poul fever (the only definite synonym is "Epidemic cerebrios spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

TRecommendations on statement of cause of death stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping telants) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify al "Exhaustion, as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," .. (name origin; "Cancer" is less definite; avoid Nover report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvulor heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Exact

	PLACE OF DEATH
	County Ballo
Vill	lage or City Un Pilistung (No. 6
	2FULL NAME Pay Monda
	PERSONAL AND STATISTICAL PARTICULARS
3 5	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 C	DATE OF BIRTH
	(Month) (Day) (Year)
7 A	yrsmosds. If LESS that I dayhre ormin.
(a p (l b	occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
9 E	(State or country) Balto
	10 NAME OF FATHER SOO Haccette
SLUE	of FATHER (State or country) Utaly
PARE	OF MOTHER OLG a Persegkin
Ì	13 BIRTHPLACE OF MOTHER (State or Country) Bala
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) los Saccellis
	(Address) 6804 Holibera One

Filed 3/10/5/ 192

02964

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

8	Jaceette Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH MAL	9 , 1923/
-	(Month)	(Day) (Year)
	VI. B	rich 9, 1931
	that I last saw harmalive on	nh 9 , 151.
2	and that death occurred on the date stated	above, atm.
	The CAUSE OF DEATH * was as follows:	0.
3		79 4
	Inmoure,	dry
	(7 months	
	(Duration)	yrsds.
	Contributory Secondary	9+
_	(Quration)	
	(Signed)	eus M.D.
-	march 10,93 ! (Address) Dans	ndalle md
-	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
	18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
-	ients or Recent Residents)	
	Of Coats	yrsds,
	Where was disease contracted, if not at place of death?	0.5====================================
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
-	St Nanislaus Cen	Mar 7 , 1934
	20 UNDERTAKER	ADDRESS
لب	John Ullnot	2006 Orlean

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Physician, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary firemun, etc. But in many -Coul mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" stated unless important. "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underletanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

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	CORD	piled. ACE should be stated EXACTLY, PHYSI- rms so that it may be properly classified. Exact instructions on back of centificate.
U	THIS IS A PERMANNT CORD	e stated
ED FOR BINDING	PERMA	should b
FOR	IS A	ACE So than
ED	LHIS	rms a

PLACE OF DEATH	02965 STATE OF MARYLAND
County Balteman	CERTIFICATE OF DEATH
1	Registration Dist. No. 30
Village or en Catonoulla Apring	Grove of spirita ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Whate Single, Married Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 26, 193 (Month) (Day) (Year)
90 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from MCL 0 1923 to MCL 2 , 1923 that I last saw hamalive on MCL 20 , 1923 f
7 AGE [If LESS than I day hrs. or min.?] OCCUPATION	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contributory
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Durstion) yrs
OF MOTHER Chana defined to 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place of death
(Address) 166 Cs. Cross St. 15 Filed Mai 2(1923) C & Matt Lelt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AMAN 2++, 19 31 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation without more precise specification as Dog not gainfully em-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injury can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Always qualify all

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YSI-	xact	PLACE OF DEATH 289	02966 STATE OF MARYLAND
H	П	County Balto	Registration Dist. No. 44
75	sifle	Village or City Cessex (No. East	Ta () () () () () () () () () (
COR	riy class		St.: Ward) A hospital occurred I a hospital or institution, give its NAME is stead of street an number.)
T	cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAN N	ay be proack of	Jemale of bute Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH WAR (Month), (Day) (Year)
A PERM	hat it me ons on b	6 DATE OF BIRTH 2 1 3 4 1 9 3 0 (Month) (Day) (Year)	that I last saw h & alive on warch 14 1921
IS.	so t	7 AGE IfLESS than	
HIS	nstr	yrs. / 0 mos. / ds. ormin.?	The CAUSE OF DEATH * was as follows:
ZX	See i	8 OCCUPATION (a) Trade, profession or particular kind of work	Dearlet Jever
NG INI	in plai rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) fyre. I mos P de
FADII be ca	Impo	9 BIRTHPLACE (State or country) Balto Co. End.	Contributory Secondary Duration Draw Mos. H
UNI	Very	10 NAME OF Samuel Sears	(Signed) MOTHS J. Ochlindlinger M. F.
VITF on sh	ON 19	OF FATHER (State or country) Salto. Ind.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LY	ATIO	of MOTHER Roberta Hood	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
L. Infor	occuza	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs 0mos ds.
E P	onlo	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
RIT	sh nent	(Informant) mis Roberta Sears	usual residence
Wery	Staten	(Address) Castern are . Essel	Orem's Cometer 3/15/, 193
BEv	o to	Filed 3/15/ 1921 John S. Connelly Registrary	Jun G. Connelly Cosex
Z		If more bianks are needed, address Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cropp"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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APR 8 19

V. S. No. 1

m

PLACE OF DEATH	STATE OF MARYLAND
County Ballewore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Catousulle (No. Ofil-	Home St.: Ward) a hospital or institu-
2FULL NAME Laus Siegnist	tion, give Its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mouth 17
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 15, 1847	1928, to Marsh 1, 19231,
7 AGE (Month) (Day) (Year)	that I last saw h Manalive on Manalot 1925,
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
83 yrs	
B OCCUPATION (a) Trade, profession or	Cliebra Hemoritage
particular kind of work Metrus Clistures. (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) 3 yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
IO NAME OF	(Signed) Washall B Worst M. D.
FATHER Unh	Quarel 191923 (Address) Catonrille Wed
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER ULL.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place 3 yrs mos ds. In the State 83 yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) John Siegnish	usual residence
(Address) 4307 lawer	Mount Caruel Ma 20, 1931
15 21 1 m 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	20 UNDERTAKER ADDRESS
Filed 192 Registra	John Wellrich 2008 Orleans
If more blanks are needed, addres the Kegistras	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02967

(Approved by U. S. Census and American Public Health Association.)

ework, or At Home, and children, not gainfully employed; as At school, or At home. Care should be taken en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite: salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Houseniuid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physicism, Compositor, Architect, Locomotive engineer, etc., For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on 9 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely causing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom. Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, at will prevent (auther correspondence. All the data is essential and must be entained before the certificate is permanently fied.

V. S. No. 1

N. D

PLACE OF DEATH	93 02968 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Colgate (No. North Poi	nt & Bellmount save Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED ingle (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH 29 (Month) (Day) (Year)	that I last saw h malive on much 73, 1921,
7 AGE yrs. 2 mos. 25 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work None	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Baltimore	Contributory Secondary (Duration) Vis. mos da. Contributory Secondary (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER Henry Siejiack 11 BIRTHPLACE OF FATHER (State or country) Baltimore County	(Signed) Work 5 J-Johan Main JK M. D. 3/VM 3 192 (Address) Baltin Box W. W. D. *Stato the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Dorthy Gladeflder 13 BIRTHPLACE OF MOTHER (State or Country) Baltimore Country	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs ds.
(Informant) Henry Siejiack (Address) North Point & Bellmount Ave	Where was disease contracted, if not at place of deals? Former or usual residence
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—coun men at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the duties of the (6)

Sty terment of Cause of Death—Name, first, the Dis-EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart zamus,"
> "Old Age," "Shock,"
> "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.); "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n. ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the date, is essential and must be obtained before the certificate is permanently filed.

3360

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

occupation whatever, write None. state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSINO DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as At school or At home. Care should be taken to salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer "Laborer," "Foreman," "Manager," "Dealer," etc., form part of the second statement. Never return Automobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, or term on the first line will be sufficient, spective of age. For many occupations a single word question applies to each and every person, irrehealthfulness of various pursuits can be known. The occupation is very important, so that the relative Farmer (retired, 6 yrs.). For persons who have no from business, that fact may be indicated thus: in domestic service for wages, as Servant, Cook, Statement of Occupation .- Precise statement of The material worked on may Compositor, Archi-

DISEASE CAUSING DEATH (the primary affection with toneum, etc., Carcinoma, Sarcoma, etc., of ... port "Typhoid pneumonia"); Lobar pneumonia; same accepted term for the same disease. Bronchopneumonia Cerebrospinal fever (the only definite synonym is respect to time and causation), using always the (name origin; "Cancer" is less definite; avoid use of (avoid use of "Croup"); Typhoid fever (never re-Statement of Cause of Death.-Name, first, the cerebrospinal Tubcrculosis of lungs, ("Pneumonia," unqualified, meningitis"); meninges, peri Examples:

> symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; ing; Struck by railway train-accident; Revolver INJURY and qualify as ACCIDENTAL, SUICIDAL, OF "PUERPERAL diseases resulting from childbirth or miscarriage, as "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," vulsions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopneumonia the American Medical Association.) death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to undertaken. can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure," "Hemor-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of for septicemia," "PUERPERAL peritonitis," For VIOLENT DEATHS State MEANS malignant neoplasms); (second-



HUSBAND of

(or) WIFE of

7. AGE

DECUPATION

FATHER

MOTHER

13. NAME

Hospital

15. MAIDEN NAME

18. BURIAL, CREMATION, DR

(State or country)

16. BIRTHPLACE (city or town) (State or country)

--Personal

BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Baltimore County Registration Dist. No. Village or City EUDOWOOD SA death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?... 2. FULL NAME (a) Residence: No. (Usual place of abode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED_(write the word) 193 / (Month) (Day) (Year) 5a. If married, widowed, or divorced That I attended deceased from 6. DATE OF BIRTH (month, day, end yeer) to have occurred on the date stated above, at//: Years Months Days 1 day. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.... 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked/at 11. Total time (years) this occupation (month and spent in this 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town

24. Was disease or injury in any way related to occupation of deceased? If so, specify Sank, Towson, Md. Registrar.

What test confirmed diagnosis?

Where did injury occur?___

Manner of injury

Nature of injury

23. If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example H		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FD 1911	1915	Attack of epilepsy	1 week ago	
Chronie interstitud nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BIIREAU V S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

MARGIN RESERVED

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE WIDOWED, OR DIVORCED (Write the word) (Day) CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) (Duration) 11 BIRTHPLACE ENTS *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME K PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER ...yrs.....mos..... ..yrs. mos..... (State or Country Where was disease contracted, if not at place of death?.. TO THE BEST OF MY KNOWLEDGE Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

work, whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Loborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation person, irrespective of (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disesse. Examples: ("rebrospheral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup": Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinona, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association. telanuls) may be stated under the head of "contributory." as fracture of skull, and consequences e earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL perilonitis," ctc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic volvular heart disease; etc. The contributory Nomenclature Meusles ;

If this certificate is looked over thoroughly and all quistions asswered in detail, it will prevent further correspondence. All the classical and must be obtained before the certificate is because the correspondence in the correspondence of the certificate is correspondence.

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V. S. No. 1

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	PLACE OF DEATH County Eallinore	02972 STATE OF MARYLAND CERTIFICATE OF DEATH
		Franch Maryland Registration Dist. No. (If death occurred in a hospital or institution of the steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male White Single, widowed. Single OR DIVORCED (Write the word)	16 DATE OF DEATH MARCH
	G DATE OF BIRTH February H, 1891 (Months (Day), (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March H h 1931, to March 11 , 1921, that I lest saw h implaine on March 10 - 1921,
	7 AGE ## O yrs. / mos. 7 ds. or min.?	and that death occurred on the date stated above, at Am. The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) (7) yrs. (7) mos. (7) ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary (Dyration) A yrs. mos ds.
	10 NAME OF FATHER MILLS Taylor	(Signed) John a. Smith M.D. March 1/1931 (Address) Mt. Wilson, Md
	OF FATHER (State or country) Wrama 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death Oyrs Omos Tods. Where was disease contracted, The form of the contracted
	(Informant Sous Schullholn	if not at place of dea. 17. Sanatorium from the anne rusust jesidence arundel county jail at annapriis ma
	(Address) Mount Wilson, Md	15 LACE OF BURIAL OR REMOVAR DATE OF BURIAL 10 UNDERTAKER 20 UNDERTAKER ADDRESS
	Filed Reth 11-1921 Dr 66 Wellols Registrar	BX loopping Annapolis my

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal minc, etc. Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the 6) For persons who have no occupation Stationary fireman, etc. But in many n mill; (a) Salesman, (b) Grocery; Automobile factory. The material Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of stated unless important. Example: Measles (disease approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) (secondary unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; or intercurrent) Chronic affection need etc. The contributory valvular heart Measles; disease; not be

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	1	Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	P 1934	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU V.	8.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			0		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Liealth Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered a. House wife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. tired 6 yes.). business, that fact may be indicated thus: Farmer (rastate occupation at beginning of illness. If retired from or given up on account of the pistase causing beath, Housemeid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Coal mine. etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation As examples: (a)

spinal meningitis"); Diphtheria (avoid use of "Croup") to time and causation), using always the same accept Typhoid fever (never report "Typhoid pneumenia") fever (the only definite synonym is "Epidemic carebro ed term for the same disease. Examples: Corebrospinal EASE CAUSING DIATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Statement of Cause of Death-Name, first, the pis-

enes ill the data is essential and i the certificate is permanently filed.

A) i the data is essential and must be obtained before

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondhead of quences (e.g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Dropsy." "Exhaustion." "Feart symptomatic), "Atrophy," "Collepse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal mgcs. peritonucum, etc., Carcinonia, Sarcoma, etc., of Namenclature of the American Medical Association.) ment of cause of death approved by Committee of Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MULANS OF INJURY State cause "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearringe as can be ascertained as the cause. "Uraemia," "Weaknes:" ctc., when a definite discase rhage." "Inanition." "Marasmus," "Old Age," "Shock," vulsions." "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopmeumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid" inqualified, is indefinite); Tuberculosis of lungs, mentrain—accident: Revolver wound of head—homicide; Examples: (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; the injury, as fracture of skull, and conse-"contributory." Accidental drowning; Struck by railway for which surgical operation was under (Recommendations on state Example: Mensies "Anaemia" failure," Always qualify all "Coma," "Haemor-(second-(disease (merely not be

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WRITE PLALY TITH UNFADING INKTHIS IS A PERMANT ICOR	Ite	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class	90
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V S. No. 1

County Baltimore	(1297) STATE OF MARYLAND
County /Jacume w	CERTIFICATE OF DEATH (85) Registration Dist. No.
Village or City Ourings millo (No.	Old In Notes 121-1) (If death occurred in
2FULL NAME Halter Hant	tion eige its NAME it.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH Gugust 5 , 1896 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from march 2 1931. to march 2 1931
(Month) (Day) (Year)	that I last saw h im alive on march 2 198/,
7 AGE If LESS than 1 day	and that death occurred on the date stated above, at 12:45 m. The CAUSE OF DEATH * was as follows:
34 yrs. 6 mos. 2/ ds. or min.?	
a) Trade, profession or Samuele	Status Epilepticus
(b) General nature of industry Roseral State	
business, or establishment in Training School which employed or (employer) Our willog willog	(Duration)yrs,mosds,
O DIRTURI ACE	Contributory Secondary
(State or country) Baltimore, ned.	(Durstion) yrs race de Company M. D.
FATHER William H. Wantland	march 1981 (Address) Owing mills, he
OF FATHER (State or country) Baltimore) Mid	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wary Marter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Baltemore, hel	At place 18 yrs 4 mos. 15 ds. In the 34 yrs 6 mos 27 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Institutional Records	Former or usual residence Baltimore, mil.
(Address) School; owngs wills, we	ST. Mary's Cours Devid Date of Burial 3/5, 19 3/
Filed Usel 2 1923/ 17 recleads Registras	Hom Orth Balto ma
If more b.anks are needed, address tate Kegistran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF UNITED STATES DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6: yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH greed in domestic service for wages, as Servant, Cook work, definite salary), may be entered as Housewife, Hausehousehold only (not paid Housekeepers who receive a er," etc., william labarer, Laborer-Spinner, (b) Catton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer ar Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a without more precise specification as Day (6) Stotianary fireman, etc. But in many For persons who have no occupation Automobile factory. The material single word or term on -Coal mine, etc. Wom-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebraspinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhaid fever (never report "Typhoid Pneumonia"); ever (the only definite synonym is "Epidemic cerebropneumonia, Branchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritanitis," etc. ean be ascertained as the cause. Always qualify all "(Exhaustion," "Heart range, "Old Age," "Shock," eausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinama, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis af lungs, men-American Medical Association.) approved (Recommendations on telunus) may be stated under the head of "contributory." carbolic acid -- probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chranic interstitial nephritis, as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be Chranic and consequences (c. g., sepsis, statement of cause of death Example: Measles (disease valirular heart disease; etc. The contributory

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PHYSI-		PLACE OF DEATH County/Dallucon	STATE OF MARYLAND CERTIFICATE OF DEATH
W/>=	Vil	lage or City Polleswell (No./2) Walle 2FULL NAME Sunsford 9	Registration Dist. No. St.: Ward) Ward) Ward (If death occurred a hospital or instittion, give its NAME is stead of street are number.)
200	-	PERSONAL AND STATIS ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be st be pr	3 9	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MCh 2 4 , 193/ (Month) (Day) (Year)
t it	6 (Aug 16 , 1852 (Minth) (Day) (Year)	that I last saw huy alive on Meh 23 - 1921/
pplied. A erms so t	80	Jyrs. J mos. ds. or min.?	and that death occurred on the date stated above, at 7.30 A m. The CAUSE OF DEATH * was as follows:
in plain) (l	articular kind of work b) General nature of industry usiness, or establishment in	(Duration) yes 5 mult
d be DEAT	9 E	(State or country)	Secondary (Durstion) yrs mos d
o in o	NTS	11 BIRTHPLACE OF FATHER (State or country) The state of	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 0 L	PARE	12 MAIDEN NAME Jackel Wafouer 13 BIRTHPLACE OF MOTHER M4	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
of o	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h? Former or usual residence
CIANS Statem	-	(Address) Pulusvilles my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20-UN DERTAKER ADDRESS ADDRESS
E .	15	Filed Weh by 1923/ 66 kullos Registrar If more branks are needed, address State Registrar	Bestrang W Gor Balts my
	ry item of information should be carefully supplied. ACE should be stated EXACTLY, P NS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Sement of OCCUPATION is very important. See instructions on back of certificate.	Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly elastified. Statement of OCCUPATION is very important. See instructions on back of certificate.	Village or City Pullawelle (No. 2 Mallo 2FULL NAME Surford S PERSONAL AND STATIS ICAL PARTICULARS 3 SEX A COLOR OR RACE SINGLE, WIDOWED. OR DIVORCED (Write the word) 7 AGE (Minth) (Day) (Year) 7 AGE (Minth) (Day) (Year) 7 AGE (Minth) (Day) (Year) 7 AGE (Minth) (Day) 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Payamin 7 Walts 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mus K. J. Walts (Address) Pullawells May 15 Filed Meh 24 1928 & E Methals

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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> American Medical Association.) approved (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease Example: Measles (disease etc. The " "Convulsions, contributory

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros in the conjugation of the synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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PLACE	OF DEATH		STATE OF MARYLAND			
County Ba	altimore		(107-12)	CERTIFICATE OF DEATH		
/ Sh	reppard and	Enoch Pratt Hosp	pital	Registration Dist. No.		
	Towson LL NAME Miss	Mary Bowly Wilson	Maryland	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSOI	NAL AND STATIST	ICAL PARTICULARS	MEDI	CAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	March 14, 1931 XXD (Year)		
Female	White	(Write the word)		BY CERTIFY, That I attended the deceased from		
O DATE OF DI	October (Month		that I last saw h	that i last saw h er alive on March 14th , 19231		
7 AGE	89 yrs. 5	mos. 1 ds. min	8. The CAUSE OF DE.	urad on the date stated above, at9		
(b) General a	verofession or mode of work mature of industry establishment in yed or (employer)	None		(Duration)		
9 BIRTHPLACE (State or co	ountry) Baltimore	, Maryland	Secondary (Signed)	Schizophrenia (Duration) 31 years (Address) Towson, Maryland		
OF FATE (State of		re, Maryland		Discase Causing Death, or, in deaths from state (1) Means of Injury and (2) whether all or Homicidal.		
OF MOT 13 BIRTHE OF MOT	HER Mary Hol	County re/ Maryland	18 LENGTH OF I isnts or Recent At place 27 yes 9	RESIDENCE (For Hospitals, Institutions, Trans- Residents) In the Lifelong State yrs mos ds.		
14 THE ABOVE		T OF MY KNOWLEDGE	19 PLACE OF BUR	ltimore, Maryland		
1	dress)	Mr. 1913. A	20 UNDERTAKER	oundly 3-16, 1930		

If more blanks are needed, address State Registrar, 16 W. Saratory St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed er," et.., without Laborer, Laborertired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH. work, or At Hôme, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Former (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g. . Farmer or Planter, Foreman, (b) For many occupations a single word or term on man, (b) Automobile factory. The without more precise specification as Day For persons who have no occupation Stationary fireman, etc. -Coul mine, etc. Womperson, irrespective of Locomoline But in many (b) m: terial engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia.");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping inges, perilonaeum, etc., Carcinoma, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. 'The nature of the injury' accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Inanition," "Marasmus," "Old Age," "Shock, (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart discase; etc. Nomenclature of the The Sarcoma,, etc., oi contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred inWard) a hospital or instituoporty chas tion, give Its NAME is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no piain terms so that nt. See instruction (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at .. l day hrs. The CAUSE OF DEATH * was as follows: or min.? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Important. business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) very 10 NAME OF (Signed) FATHER .. 1925 L. (Address) 11 BIRTHPLACE OF FATHER *State the Discase Causing Death, or, in deaths from 0 Z Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) W 12 MAIDEN NAME 0: 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Irans-4 4 OF MOTHER 90 ients or Recent Residents) d state 13 BIRTHPLACE In the At place OF MOTHER State. of death _____yrs.____mos.____ds. (State or Country) Where was disease contracted, it not at place of dea h?..... IANS shoul TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE Former or usual res.dence AN CIE 20 UNDE Registras

If more banks are needed, addre. state hegistrat, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g. Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Furm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. use of "Tumor" for malignant neoplasms); inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid -- probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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BUREAU

Exact

		PLACE OF DEATH.	1.4.
		Count Jallemore	114
	1	ll ma	(23)
	Vil	lage or City Suculs (No.	
4		2 FULL NAME Charles Erue	A11
		2 FULL NAME TRULES Prue	el go
		PERSONAL AND STATISTICAL PARTICULARS	
	3 5	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF
	/a	Tale Whits (Write the word)	
	6 0	DATE OF BIRTH	17 I I
		Sept. 4, 1910	Jan
		(Month) (Day) (Year)	that I last say
-	7 A	If LESS than I day hrs.	and that deat
		20 yrs. 6 mos. 10 ds. or min.?	fre
	8 0	OCCUPATION a) Trade, profession or	
1	p	particular kind of work b) General nature of industry	*********************
4	b		
-	100	which employed or (employer)	Contribute
	9 5	(State or country) / are land.	Secondar
		10 NAME OF FATHER	(Signed)
		11 BIRTHPLACE	Mal 14
	NTS	OF FATHER (State or country) (State or country)	*State Violent Ca
	RE	12 MAIDEN NAME	Accidental,
	PA	of MOTHER COLEURE C. Davis.	18 LENGTH ients or Re
		13 BIRTHPLACE OF MOTHER	At place of deathy
	- 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disc
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	-	Registrar	Gai

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) MEDICAL CERTIFICATE OF DEATH OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 17 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary (Address) .5 *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ients or Recent Residents) In the At place yrs.....ds.

ı	Of Court				
l	Where if not		contracted, death?		

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.--E W item of information should be carefull supplied. ACE should be stated EXACTLY, PHYSI-

CORD IT K--THIS IS A PERMA! MARGIN REC RVED FOR BINDIT TH UNFADING 1

7. 8. No.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

work, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Civil engineer, Physician, business, that fact may be indicated thus; Farmer fre-Li or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or. Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day Compositor, (b) Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Wom-Architect, Salesman. Locomotive (6) cngincer Grocery,

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PLACE OF DEATH STATE OF MARYLAND County Baltimore CERTIFICATE OF DEATH Registration Dist. No. Village or wy White Halln Ind (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME ir stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Day) (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That Vattended the deceased from 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. was as follows: (a) Trade, profession or ılar kind of work u, ceneral nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in deaths (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER State______ds. (State or Country) Where was disesse contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?... usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, household only Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (not paid Housekeepers who receive a single word or term on 6 Grocery;

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